

**Underdogs on Top:
Troubling positions for boys and a diagnosis of
Attention Deficit Hyperactivity Disorder**

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Declaration

I, Leigh Adams Tucker (Student number: 203505613), hereby declare that this thesis is my own work. It is being submitted for the fulfillment of a Doctor of Philosophy (Psychology) at the University of KwaZulu-Natal, School of Applied Human Sciences, Discipline of Psychology. None of the present work has been submitted previously for any degree or examination in any other university, and all sources that I have used have been acknowledged to the best of my knowledge. I agree that the University has the right to submit my work to the plagiarism detection service Turnitin for originality checks.



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Date

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“When I was twelve years old, the world was my magic lantern,
and by its green spirit glow I saw the past, the present and into the future.
You probably did too; you just don’t recall it. See, this is my opinion: we all start out
knowing magic. We are born with whirlwinds, forest fires, and comets inside us.
We are born able to sing to birds and read the clouds and see our destiny in grains of sand.
But then we get the magic educated right out of our souls.
We get it churched out, spanked out, washed out, and combed out.
We get put on the straight and narrow and told to be responsible.
Told to act our age. Told to grow up, for God’s sake.
And you know why we were told that?
Because the people doing the telling were afraid of our wildness and youth,
and because the magic we knew made them ashamed and sad
of what they’d allowed to wither in themselves.”

Boy’s Life – Robert McCammon (1991, p. 2)

Reference

McCammon, R. (1991). *Boy’s Life*. New York, NY: Pocket Books.

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) accounts for one of the largest number of health referrals amongst children. As a mental health diagnosis, it has undergone multiple conceptual revisions over the years, where it is now classed as a neurodevelopmental disorder. ADHD remains a highly controversial subject, sparking debate at the interface of parenting responsibilities, effective schooling practices, predisposing trauma, and the ethics of the medicated child. In the midst of these debates, one of the strongest issues to emerge is the high proportion of boys that are diagnosed with ADHD, as well as the sex and gender divide in symptoms, referral, and treatment choice.

Lack of research involving children, particularly those with disabilities, highlights the limitations of ableist and developmental assumptions. Although there is a growing body of peer-reviewed literature on young people's experiences of ADHD, these accounts tend toward the descriptive and fail to take account of how young people manage their condition as part of identity-making processes. Given the above, the main objective of the study was to understand how boys who were diagnosed with ADHD understood their illness and managed their condition in a school setting. Educators' views were also sought to bring an adult perspective to this issue.

The study was guided by feminist post-structural ethnography, located at one public full service school named Riven Primary. Given the in-depth nature of the study, attention was also granted to situated performances of boys across Remedial and Mainstream learning spaces and public or private conversational spaces. Analysis focused on group interactions and private interviews with nine boys aged 9 to 11 years of age, all of whom had previously received a diagnosis of ADHD and medical forms of management. Five of these boys were enrolled in the on-site Remedial Unit, while four boys were based within the Mainstream section of the school. Separate focus group interviews were also held with Remedial and Mainstream educators from the site.

Analysis of the educator and boy accounts reinforce the power and prevalence of the biomedical discourse. Accounts of ADHD stigma was related to observed behaviours and public responses towards diagnosis and medication. Educators' perceptions of risk and vulnerability associated with ADHD typically intersected with broader social assumptions of childhood, sex, and gender. For this group, three broad storylines emerged (*flunk*, *hunk*, or

punk), which provide different claims as to the deterministic nature of ADHD and the levels of accountability for the child and the family system.

Medication was a powerful signifier for responsibility and success, among boys and educators alike. It was also symbolic of chronic illness and weakened masculinities. Boys were palpably aware of their ADHD-related social and educational vulnerabilities that rendered them as biologically faulty, underachieving, and unhinged outcasts. However, the label of ADHD or the experience of medication was not taken up by all boys in a one-dimensional manner. Instead, there were tendencies to reinforce, resist and, at times, reframe representations of the unruly ADHD child through resources and strategies that spoke to broader narratives of success, maturity, and heroism. In this regard, the so-called ‘Underdogs’ worked very hard to regain credibility through discourses of shared disadvantage, as well as a passion and determination to succeed through adherence to the ADHD medication.

Boys were also careful not to take up illness positions when it rendered them powerless. Typically, masculine constructs such as sport and future employment were constructed as potentially enabling spaces for ADHD, in efforts to counter responses around illness and dependency on medication.

In general, the study findings resist the notion of ADHD as a singular, universal concept and instead make a cogent argument for the socially situated nature of the diagnosis. The feminist post-structural analytical frame helped to disrupt simplistic constructions of ADHD through making visible the impairments boys experienced at the interface of shifting social identifiers and in different conversational contexts. These situated performances ultimately worked to reframe their disabilities and masculinities in either beneficial or problematic ways.

Engaging in research that involves children with disabilities elevates discourses of risk, stigma, and protection. Working in these contexts makes visible the insecurities that plague research development and clinical practice, while also expanding considerations of what constitutes ethical conduct for adult stakeholders. In closing, recommendations are made for investing in strength-based or resiliency enhancing processes that help boys cope with the stigma associated with ADHD.

Keywords

Attention-Deficit/Hyperactivity Disorder (ADHD); boyhood; disability; education; identity; intersectionality; masculinities

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Preface

Beginnings

The journey to this research was an iterative process, a metaphorical cha-cha-cha, so to speak, as I danced between different realms of knowing and not-knowing, with various missteps along the way. In my previous scholarly work, I focused on youth and education, gender and identities, and multiple experiences of risk (perfectionism, sex and sexuality, HIV and AIDS, and school violence). The decision to return to a schooling environment to focus on Attention Deficit Hyperactivity Disorder (ADHD) among young boys rests at an interface of conceptual issues around youth subjectivity and well-being, and the implications for applied psychology practice.

By applying Mouton's (2001) *Three-Worlds Framework* (as reflected in Figure 1 below), I aim to highlight the intersection of scientific reasoning with different motives and claims to knowledge. The purpose of this preface is, therefore, to make explicit the personal and professional trajectories influencing my interest in youth mental health (World 1), while also providing some insight into the philosophies that shape my understanding of 'truth', 'reality' and 'agency'. Throughout the text, I work to translate these areas of interest, through a scaffolding of scientific knowledge, into a research problem that is open to empirical inquiry (World 2), and also open to critical reflection and deconstruction, as in the realm of meta-science (World 3).

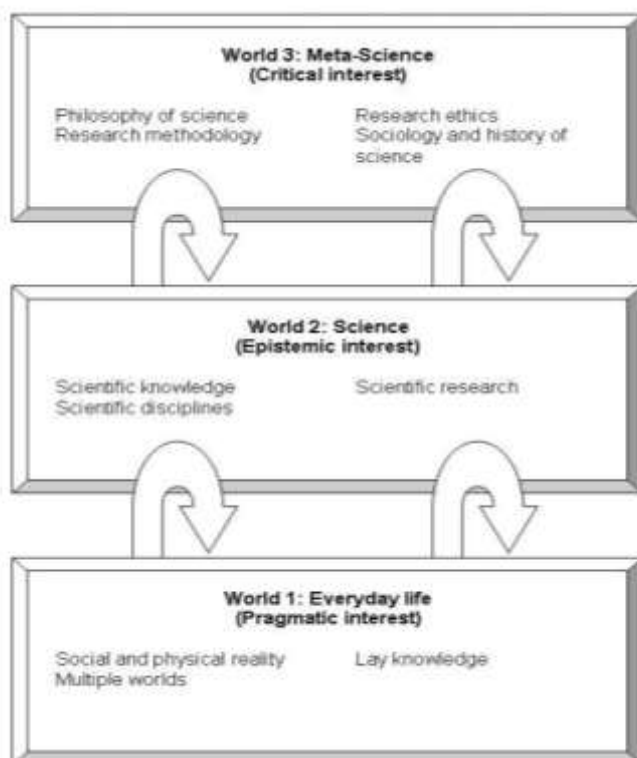


Figure 1. The basic framework:
The three worlds (Mouton, 2001, p. 139)

Activist orientations, which are enlivened in the everyday of World 1, may be critiqued for their potential to constrain scientific engagement and critical enquiry. However, it is unrealistic to claim that one can merely divorce or hold these orientations in abeyance. Rather, these particular orientations bleed into every element of the research design, delivery, and final presentation. As such, attempts are made to foreground my pragmatic concerns throughout the study, in order to contextualise the observations and interpretations offered.

Throughout the analysis, two important questions are foregrounded: “Why this? Why now?” And just as I reflect on the macro and micro-discourses operating through the speakers’ remarks, it is important for me to consider how my individual preferences and biases illuminated or cast shadows over the details that I attended to.

As an adult woman not facing a diagnosis of ADHD, or dealing with a diagnosis in my immediate family system, I stand in many respects as an outsider to the young boys at the centre of this study. What authority do I have to be able to speak on this matter? Others may argue that this ‘outsider’ perspective is advantageous to foster a unique perspective on these issues (Dwyer & Buckle, 2009), however it is not so simple as to demarcate myself as a ‘true outsider’, when I share and have shared a professional complicity in the processes by which young people come to receive a diagnosis of ADHD.

As a clinical psychologist in private practice, with a background working in the government health sector, I have been exposed to multiple referrals from caregivers and schooling institutions reading “query ADHD diagnosis”. While these referrals differ in terms of racial and economic profiles, the majority of cases are of boys, typically those younger than eight years of age. And while this sex discrepancy (2:1/ boy:girl) should not be surprising considering that these ratios are noted in key diagnostic texts like the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association [APA], 2013), it still raises questions as to why these differences emerge, and the implication it has for both boys and girls in the school setting.

It is through my interest in academia that I constantly navigate the tensions between the biomedical and diagnostic systems (associated with my clinical training) and the more deconstructive or problematised views of diagnosis emerging within feminist traditions of analysis. My own feelings around ADHD as a ‘real condition’ reflect a blend of scepticism and solemnity. In the case of the former, I have felt increasingly discouraged by my colleagues’ uncritical reliance on simple rating scales as a measure of ‘true’ functioning and the tendency to prioritise the adult voice (caregiver, educator, medical practitioner) over the voice of the child.

It has been noted previously that health (and illness) is inextricably tied to social context (see World Health Organisation's social determinants approach) and therefore categorisations of people as being non-normal becomes an ethical issue (Solar & Irwin, 2010). Healthcare practitioners rationalise the risks of assigning an ADHD diagnosis on the grounds that it enables access to interventions that can potentially manage the condition. In this sense, medical management is seen as less of a risk than the risk of doing nothing. While I am personally hesitant to push the medication agenda on ADHD with families, I recognise the structural realities impacting health, where decisions for diagnosis and management are weighted by these variable risks and limited options.

ADHD connects healthcare and education in inextricable ways. I was a product of the ex-Model C schooling system¹, with my primary school years spanning pre- and post-democracy. At the time, I was unaware of the gravity of the sociopolitical situation and in many ways, my early thoughts on the world were formed in a sheltered, homogenous bubble. However, I reflect now on the lack of racial and cultural diversity among my peers and educators, as well as my limited exposure to persons with disabilities. ADHD was non-existent, certainly in my social circles, and I only had knowledge of one peer diagnosed with cerebral palsy, whose enrollment was due to his parent's employment at the school. This was an extremely progressive act at the time, and I often wonder how much grit and determination it took on the part of the parents to make it happen, and how much courage it took for their son to be the first to open those doors of access in that school.

Although I am not yet a mother (in the biological sense), children feature as a large part of my everyday through my practice clientele and the relationships I share with my friends and their families. Through these experiences, I have become acutely aware of the gendered scripts that are drawn upon to construct realities for children and my complicity in these practises. For example, while I am deeply pained to buy 'pretty pink princess' gifts for the girls, I am largely accepting of the rough and tough pirate games played with my friend's sons. I can personally understand my rejection of restrictive 'lady-like' expectations. However, I take for granted the normification of these masculine scripts which I seem to perceive as a powerful ideal for all.

¹ See Chapter Three for explanation of the History of Schooling in South Africa.

Telling Stories

Stories are an important part of our childhood, yet they take many forms as we become older, and continue to feature in the ways in which we author our lives. As you read through this thesis, you may become aware of how stories, images, and metaphors feature prominently; in the choice of quotes and cartoons, the naming and structure of the chapters, as well as the analytical perspective used. ADHD has captured the imagination of authors and artists around the world, and has provided a canvas for the development of some of the most complex and imperfect protagonists in literary history – thinking of Huckleberry Finn, Percy Jackson, and even famed Tigger from Winnie the Pooh.

It was in the mid-1800s that German physician and author Heinrich Hoffman released the children's book *Der Struwwelpeter* (Shockheaded Peter), as a compilation of moralistic fables about children and the negative consequences of their behaviour (Hoffmann, 1845). It is the story of *Fidgety Philip*, the boy unable to sit still at the dinner table that is most commonly recalled as an early tale of hyperactivity and Attention Deficit Hyperactivity Disorder (ADHD). While the ensuing story of *Johnny Head-In-Air*, the boy whose distractibility leads to falling in a river and losing his writing book, speaks to similar ADHD tendencies.

During the time in the field for data production, one of the participating boys introduced me to the *Horrid Henry* novels by Francesca Simon. While it is not to say that Henry (the title character) is diagnosed with ADHD (a diagnosis of Oppositional Defiant Disorder may, in fact, be a better fit!), the series reveals how people, and children, in particular, negotiate their identities within a realm of classifications and labels. Henry is consistently compared to the conscientiousness and restraint of his younger brother “Peter Perfect”. While Peter is thoughtful and compliant, Henry is brash and self-centred, and far from the innocent childhood image. Yet he is also independent and innovative, and ready to face challenges thrown at him.

I am drawn to the words of O'Loughlin (2010) who said, that “some children appear willing to go to extraordinary lengths to fight *misrecognition* and come to be seen as beings-in-their-own-right” (p. 221). My hope is that in both producing and reading this text, challenges will be made on restrictive assumptions of gender, age, and disability; while new spaces will be created to introduce alternate possibilities of understanding.

PART ONE

THEORETICAL AND CONCEPTUAL FOUNDATIONS

Baloo: What do they call you?

Bagheera: His name is Mowgli, and I'm taking him back to the man village.

Baloo: Man village? They'll ruin him. They'll make a man out of him.

(Disney & Reitherman, 1967)

— Excerpt from the *Jungle Book* animated film; based on Rudyard Kipling's Stories

Chapter One

Exposition

1.1. Introducing ADHD and the Fields of Debate

Attention Deficit Hyperactivity Disorder (ADHD)² accounts for one of the largest number of health referrals amongst children, with global prevalence rates estimated at around 5% among young people³ (APA, 2013). However, this figure may be a conservative estimate with results of the third *National Survey of Children's Health* (US Department of Health and Human Services, 2014) suggesting that more than 1 in 10 school-aged children (11%) in the United States had been diagnosed with ADHD as of 2011⁴. Epidemiological data from Africa deviates between these figures, with ADHD prevalence rates for school children ranging from 5.4% to 8.7% (Bakare, 2012).

The heightened interest in ADHD over the last two decades supports an illusion that ADHD is a 'modern' condition; however historical artifacts suggest an earlier recognition and documentation of behaviours that may be deemed characteristic of ADHD today. One of the first recorded accounts emerged in the late 18th Century, where medical practitioner Sir Alexander Crichton noted a phenomenon of "mental restlessness" among children in his care (Lange, Reichl, Lange, Tucha, & Tucha, 2010). Although it is difficult to determine whether his description met the diagnostic threshold of symptoms identified in current practice, or whether the behaviours may be better explained by another underlying organic factor, his description suggested an awareness of impaired attention and heightened distractibility among youths that impeded their performance.

ADHD is one of many mental health diagnoses to be conceptually revised over time. It was only in 1968 that ADHD symptoms were formally classified as 'hyperkinetic reaction of childhood' through the publication of the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) (Lange et al., 2010). In the 1980s, with the publication of the DSM-III, terminology transformed to a more familiar expression of

² The abbreviation of ADHD represents the various subtypes/specifiers for ADHD (predominantly inattentive, predominantly hyperactive/impulsive and combined-type).

³ The term 'young people' is used loosely throughout the text to refer to youth of school-going age, and not those at post-secondary school level.

⁴ The fourth edition of data collection was due to begin in June 2016.

Attention Deficit Disorder (ADD), with later revisions through DSM-IV specifying Attention Deficit Hyperactivity Disorder (ADHD) and the three subtype variants – diagnostic criteria that dominated for many years of clinical practice (Lange et al., 2010). ADHD is primarily viewed as a ‘disorder of childhood’ and continues to be seen as such within the new DSM-V (APA, 2013), where it is classed as a neurodevelopmental disorder; meaning a condition that manifests early in life. However, one significant diagnostic revision within the latest DSM-V is an expansion of age for symptom onset from 7 years to 12 years (APA, 2013), thereby widening the potential web for diagnosis.

Depending on the model of causality, ADHD has been described as a ‘condition’, a ‘disorder’, a ‘disease’, ‘difference’, or even as an ‘evolutionary advantage’ (Pajo & Cohen, 2013). In the absence of definitive biological or physical markers, it has also been labelled an ‘invisible disability’ – a concept that will be revisited throughout the course of this study. Conversations about ADHD circulate across public and private domains, activating debate around parenting responsibilities (Davies, 2014; Gray Brunton, McVittie, Ellison, & Willock, 2014), effective schooling practices (Bailey, 2010; Graham, 2008; Prosser, 2008) and the ethics of the medicated child (Breggin, 2014; Mayes, Bagwell, & Erkuwalter, 2008; Davis, 2006; Singh, 2005). It is the issue of medicating youth that has been located at the centre of moral panics and great controversy around the political, social and economic motivation for medicating ‘problem’ children (Miller & Leger, 2003).

Parental blame in the context of ADHD is multi-faceted and may be generated in regards to psychological factors like the quality of parent-child attachment, socially in regards to parenting and discipline strategies, and even biologically in regards to claims for genetic predisposition, prenatal development, and birthing choices (Davis, 2006; Gray Brunton et al., 2014; Harborne, Wolpert, & Clare, 2004). Furthermore, the negative consequences of ADHD portrayed in the media and the research literature in terms of relational and occupational dysfunction or deviant behaviour, increase the perception of risk and danger associated with the diagnosis (Hinshaw, 2005; Lebowitz, 2016; Martin, Pescosolido, Olafsdottir, & McLeod, 2007; Mueller, Fuermaier, Koerts, & Tucha, 2012; Walker, Coleman, Lee, Squire, & Friesen, 2008), aggravating mental health stigma and the culture of blame and responsibility.

1.1.1. Gender Divides

In the midst of debates surrounding ADHD, one of the strongest issues to emerge relates to the higher proportion of boys being diagnosed with ADHD relative to their female peers, as well as the gender divide in symptoms, referral and treatment choice (Biederman et al., 2002; Bruchmüller, Margraf, & Schneider, 2012; Sciutto, Nolfi, & Bluhm, 2004). The evidence that these discrepancies are more profound in clinical samples as compared to community samples, suggest that regardless of the diagnosis issues, it is more boys than girls who end up accessing medical treatment (Coles, Slavec, Bernstein, & Baroni, 2012). Interestingly, the most recent edition of the DSM-V (APA, 2013) acknowledges these dynamics, in foregrounding sex and gender differences in the distribution of ADHD diagnoses and the expression of symptoms.

Gender dynamics are also located amongst the adults who initiate the ADHD referral process. Foundation phase educators, who are predominantly women, play a vital role in early identification and intervention, as behavioural and attentional concerns often become apparent when children are exposed to the demands of the school classroom. Since a formal diagnosis of ADHD requires the presence of symptoms in more than one setting, parents and other caregivers are drawn into the diagnostic frame. Mothers, in particular, are frequently at the centre of ADHD debates regarding deficient parenting skills (Bennett, 2007; Blum, 2007; Malacrida, 2001), while fathers' perspectives on ADHD have largely been silenced in the literature.

Parents and educators assume the primary responsibility in evaluating their child's ADHD through assessment procedures that often include rating scales and checklists to grade symptomology. The subjective dimensions of these processes are problematised, as adult respondents may reflect differing thresholds or explanations for 'problem behaviour' that intersect with issues of age, developmental maturity, and gender. More specifically, Prosser (2008) argues that ADHD stands at the forefront of a constellation of sociocultural and educational expectations regarding acceptable boy behaviour and performance. Many of today's caregivers and educators received their schooling through an educational system devoid of 'ADHD' or such labels, where medicated strategies for managing 'troubling behaviour' were increasingly uncommon. However, this tide is slowly turning, as Millennials⁵ occupy professional roles and spaces of parenthood.

⁵ Millennials/'Generation Y' are the population cohort following Generation X, those who were born between the early-1980s, anywhere up to the early-2000s (Strauss & Howe, 2000).

1.1.2. Childhood Trauma

Recent research in the field of child development and psychopathology has drawn attention to the associations between ADHD and various types of childhood trauma (Becker-Blease & Freyd, 2008; Briggs-Gowan, Carter, Clark, Augustyn, McCarthy, & Ford, 2010; Fuller-Thomson, Mehta, & Valeo, 2014; Ouyang, Fang, Mercy, Perou, & Grosse, 2008; van Dyk et al., 2015). Trauma is a particularly salient issue for a country like South Africa, steeped in a legacy of racial conflict while continuing to confront high rates of crime, interpersonal violence, and substance abuse, and other situations or risk pervaded by HIV-related illness and morbidity, unstable domestic arrangements, and economic uncertainties.

While an association between ADHD and trauma may exist, research is often retrospective and the nature of causality remains undefined. One argument is that children experiencing circumstances of stress may present with trauma symptomology that is misdiagnosed as ADHD, while others may argue that traumatic events exacerbate ADHD symptoms (Becker-Blease & Freyd, 2008). A counter argument is that the disruptive behaviours underpinning some ADHD diagnoses predispose youth to exploitation, abuse, and other risky circumstances (Ouyang et al., 2008). Distinctions are also made between the roles of Type I traumas, which typically relate to single-incident events, and Type II trauma or complex trauma, which is a continuous exposure to victimisation like neglect and abuse (Courtois & Ford, 2009). While traumatic events of any nature may result in an acute stress response, complex traumas that involve repeat exposure to threat tend to show more long-term developmental difficulties in the areas of emotional regulation, mentalisation, and interpersonal relationships (Conway, Oster, & Szymanski, 2011; van der Kolk, 2005).

For many young people, self-understanding is shaped by a contrast between expectations of childhood freedom and play, and the lived reality of ‘adult’ responsibilities and sacrifice. A discussion of trauma and ADHD involves a complex integration of ideas that is beyond the scope of this study. However, acknowledging trauma as a reality within a South African context is important for clinical practice (Fuller-Thomson et al., 2014), and for a constructivist critique of the ways in which young people are deemed risky and at-risk.

1.1.3. Opening up the Gaps

The topic of ADHD has generated a great deal of research in the past two to three decades, which is largely reflective of two fields of inquiry. The first seeks to clarify and validate the ‘essence’ of ADHD through neurobiological investigations, symptom measurements, and other experiential studies. While the second field of inquiry, where this study is located,

challenges the fixing of these meanings to ADHD by focusing on the constitutive nature of different explanatory models. Despite the wealth of dialogue and opinion generated around ADHD, it is the lack of a definitive aetiology that continues to suspend a tide of unknowing. As such, it is not the intention of this study to dispute the existence of ADHD, as that would undermine the difficulties and suffering that so many people face on a day-to-day basis, but rather to shed light on the complexities of these different schools of thought.

This study heeds the call of disability scholars like Shuttleworth, Wedgwood, and Wilson (2012), who “urge researchers to open up the concept of intersectionality to accommodate a range of differences in bodily, cognitive, intellectual and behavioral types (impairments) in their interaction with masculinities and to show in more explicit detail how context and life phase contribute to this dynamism” (pp. 188-189). The argument presented throughout the study is a need to place children with disabilities on the social agenda, and to adopt an intersectional perspective to understand how gender and ageist notions can shape the experience of ADHD. The design of this study privileges intersections at three levels of social identifiers – age, sex, and impairment; each of which unearths new territories for the framing of ADHD.

As the previous section has suggested, sex differences are a reality for ADHD diagnosis and management, calling into question how gender expectations shape the presentation of ADHD and the experience for various stakeholders (Krueger & Kendall, 2001). The paucity of research regarding girls and ADHD is a verifiable concern, as it has practical and political implications for intervention and care (Groenewald, Emond, & Sayal, 2009). However, it is just as important to understand how this current generation of young boys, where the bulk of diagnoses are, navigate these ‘problematised’ identities and schooling contexts. Previous research has explored sites of unequal privilege among working-class men, gay men and men with disabilities (Coston & Kimmel, 2012); however, there is a paucity of literature in relation to boyhood subjectivities at the interface of troubled identity categories.

A growing body of peer-reviewed literature exists about young people’s experiences or beliefs towards their ADHD (Arora & Mackay, 2004; Brady, 2014; Brinkman et al., 2012; Charach, Yeung, Volpe, Goodale, & dosReis, 2014; Cooper & Shea, 1998; Gallichan & Curle, 2008; Honkasilta, Vehmas, & Vehkakoski, 2016; Kendall, Hatton, Beckett, & Leo, 2003; Knipp, 2006; Krueger & Kendall, 2001; Singh, 2007, 2011; Singh et al., 2010; Travell & Visser, 2007; Walker-Noack, Corkum, Elik, & Fearon, 2013), as well as youth’s ratings of personal attributes, competencies, or life qualities (Kaidar, Wiener, & Tannock, 2003;

McQuade, Hoza, Murray-Close, Waschbusch, & Owens, 2011; Sciberras, Efron, & Iser, 2011; Wiener et al., 2012). That being said, the dominant trend in ADHD-related research, and research among children more generally, is to prioritise the adult ‘voice’ in speaking for children (Davis, 2006; Kendall et al., 2003), whether this is in the form of adult’s retrospective accounts of childhood experiences; or views of parents, educators, health professionals and the general adult public.

Although this study does include the accounts of educators, it responds to the trends identified above by prioritising the perspectives of young people. Furthermore, the philosophical approach of this study challenges the traditional developmental discourse that tends to assume child development is universal and biologically-based and achieved through the successful completion of developmental stages and the attainment of age-related competencies (Burman, 2008; Hogan, 2005). If participatory research with youth is already limited by adult-centric definitions of maturity and competence, then it is unsurprising that studies involving children with disabilities are even more limited due to the layering of assumptions of passivity and vulnerability (Watson, 2012). Joseph and Lindegger (2007) recognise these gaps in their work, where they note that adolescent identity has routinely been analysed in terms of the intersections with gender, class, race and schooling cultures, to the expense of intersections with disabilities.

ADHD sits at the interface of arguments surrounding mental health and disability, affording opportunities to explore notions of stigma and resilience. The phenomenon of stigma has already received considerable attention in psychological and sociological literature related to issues of race, sexuality, HIV, and even mental health. However, less attention has been granted to this subject within the field of child and adolescent mental health, including the negative stereotypes used and the stigmatising contexts that children experience (Hinshaw, 2005; Mukolo, Heflinger, & Wallston, 2010).

1.2. Paradigmatic Orientation: Language and Definitions

The currency of social science research has emerged through various paradigmatic orientations, laying claim to particular assumptions about the nature of what things are (ontology) and the ways in which we can make claims to knowing what things are (epistemology). The social constructionist paradigm, from where this study is located, demands a critical stance towards the ‘truths’ and naturalised categories of understanding that prevail in society; an issue that will be explored in greater depth in the subsequent chapters. While a positivist orientation makes claims to an external social reality that is waiting to be

discovered, social constructionists prioritise how social reality and knowledge is produced through the everyday interactions and social processes (Flick, 2004). Even the term ‘social constructs’, which is used in reference to various tropes like gender or disability, evokes an image of social and cultural realities that are assembled for a particular purpose.

Language is not an innocent device but is central to constructing meaning (Flick, 2004). As such, various key terms are outlined and defined at the start of this study to affirm the particular intention of that phrasing. An externalising language is generally employed to illuminate the distinctions between the individual and the outwardly assigned label. Externalising language emerges most strongly in the post-structural tradition of Narrative Therapy, as a linguistic device that enables clients to find new ways of gaining perspective on their problems in order to facilitate new tellings of their stories (White, 2007).

Attempts have been made throughout the study to avoid the use of pathologising language and wholly categorical statements. Terms like “disorder” or ‘deficit’ have been replaced with “difference” or “problem”, where possible, to expand ADHD as part of the human condition and recognise alternate subjectivities. In the analysis, a conceptual distinction is provided between the word ‘difference’ and ‘deficit’. Difference is used to highlight the multiplicity of meanings that may emerge from participant accounts, as one cannot assume that all boys feel marginalised by an ADHD diagnosis.

➤ *Disability and Impairment*

An important assumption in this study is that ADHD is viewed as a disability. Framing ADHD as a disability is a political act that shapes perceptions of responsibility and may impact the allocation of resources and inclusive education practices (Danforth & Rhodes, 1997). Disability is a contested arena, which is open to various theoretical perspectives. The medical model tends to define disability as a deficit or difficulty within the individual at the level of the body, whereas the social model regards disability as a contextual restriction that manifests in terms of the sociocultural barriers defining normative experiences (Marks, 1999). In other words, the social model views disability not as something that people ‘have’, but as something that may result due to limits within the environment. Part of the debate rendered from both these perspectives is the ‘place’ of the body (Vehmas & Mäkelä, 2009).

Medical conceptualisations tend to conflate disability with ‘impairment’ by using these terms interchangeably. Individuals may experience challenges in various activities; however to be considered ‘impaired’ the difficulties must exceed the threshold of what is

typically expected to complete the task. In some cases, impairment compromises basic physical needs, like feeding independently. While in other cases, the goals and measures of impairment may be socially constructed, as in ratings of scholastic performance or social behaviour. As such, a person may experience impairment but they may not necessarily face disability if the social environment is designed towards equality and inclusion.

According to Vehmas and Mäkelä (2009), “impairment in general is often both a brute fact and an institutional fact, and disability is an institutional fact based on the hierarchy of facts which all ultimately rest on brute facts” (p. 53). Although these concepts are nuanced and complex in their relationship, a simplistic summary is that brute facts are the most stripped away ‘essence’ of a phenomenon, whereas institutional facts are social products of language and representation, enabling us to understand and respond to brute facts. Neuropsychiatric diagnoses create institutional facts that shape our response to ADHD, often despite the absence of a brute fact (organic aetiology).

The use of ‘person-first’ language was touted by advocacy groups as a way to provide a potentially less stigmatising view of disabilities, by foregrounding the individual before the impairment, i.e. people or persons with disabilities (Shakespeare, 2014). This difference has been explained through accounts that construct the child as an object (“the ADHD child”) versus those that construct the child as a subject (“the child with ADHD”). However, this approach has been met by criticism from ‘identity-first’ proponents who lament the awkward phrasing of people-first language and argue that by separating disability from the individual, it reinforces a view that impairment is unacceptable and shameful and needs to be extracted from the individual identity. It is acknowledged that this is a complex debate with little chance of resolution. Due to the nebulous nature of ADHD, a choice was made in this study to retain person-first representation, in order to avoid fixing ADHD to identity.

➤ *Risky and At-Risk*

Previous literature has explored the ways in which children living with ADHD are constructed as both risky and at-risk (Frigerio, Montali, & Fine, 2013). In this study, these terms share points of similarity and points of departure. In the first instance, they share a need to be helped, however not all ‘at-risk’ children are considered ‘risky’, as the latter tends to present a more overt or disruptive challenge to the status quo. This distinction is important as it offers a more nuanced view on the narratives of success that are available to children and their caregivers. As per the post-structural tradition informing this study, there is a movement away from the categorical approach of defining factors that place youth “at-risk”. Rather,

there is an interest in understanding the fluidity of “risk subjectivities”, and the contexts in which these selves are produced or resisted.

➤ *Children, Boys, and Young people*

The terms boys, child/children, and young people are used interchangeably in this study to refer to participants. The terms ‘child’ or ‘children’ are traditionally based on chronological markers of age, for those aged 18 years and younger, as defined by the *United Nations Convention on the Rights of the Child* (UNCRC) (United Nations General Assembly, 1989). The term ‘boy’ is used to refer to males within this age cohort. However, as per the orientation of this study, terms like ‘boy’ are problematised, in reconciling biological explanations with socially constructed meanings. Cornwall and Lindisfarne (1994) argue, we are “imprisoned [by the] strictures of language”, and our analysis and attempts to deconstruct these categories can only begin at the level of our experience (p. 11). As such, the terms boy, male, and masculinity, which feature repeatedly throughout the analysis, should be read with a cautionary view. Similar cautions are issued for the reading of terms like ‘boyhood’ or ‘childhood’ which tend to imply a fixed stage of development. From the deconstructive perspective of this study, the boundaries of childhood are not as easily defined.

➤ *Mainstream and Remedial*

The terms Mainstream and Remedial were adopted because they were the primary identifiers used in the research site. However, these terms are political and embedded with meanings that infer an intellectual hierarchy and relative sense of importance. “Main”-stream denotes belonging to the dominant current or path of school performance, while remedial, suggests a deviation from this path, and a need to provide some ‘remedy’ or intervention. In South Africa, the term “remedial” is primarily used when services like occupational therapy or speech and language therapy are available on-site, or built into the workings of the school. In schools offering remedial-type services where families are referred out for additional intervention, these classes may be assigned other names like “bridging classes” or “learner support”. A further discussion of these educational styles is provided in Chapter Three.

➤ *Additional Terminology*

A few additional linguistic choices are made in terms of the representation of speakers. Firstly, the terms caregivers and parents are often used interchangeably. Caregiver is a more expansive term that incorporates biological and non-biological relations, and other guardians.

This distinction was included to account for the varied domestic arrangements among participants and their families in this study. Secondly, the terms educator and learner are preferred over teacher and student in the local context. The implementation of Outcome-Based Education (OBE) in South Africa, through the distribution of *Curriculum 2005*, signaled an important paradigm shift for education in South Africa (Department of Education [DoE], 1997). Implicated in these changes was a proposed move from traditional one-way transmission of information to more integrated learning styles. The shift from teacher to educator and from student or pupil to learner, reflect this philosophical movement.

1.3. Overview of the Chapters

A preface is included prior to this chapter to orientate the reader to the personal and professional trajectories that have shaped the development of this work. In total, the study comprises thirteen chapters of analytic text, which are structured in four parts; as detailed below.

1.3.1. Part One: Theoretical and Conceptual Foundations

The phenomenon of ADHD rests at an intersection of debates regarding health, education, gender, disability, and childhood (Davis, 2006). Part One of this doctoral thesis works to illuminate and connect the landscape of these issues through a review of the empirical and theoretical literature. Chapter One provides an introductory rationale to the study by focusing on the history and development of ADHD as an issue of clinical concern, as well as the conceptual shifts that have occurred in diagnosis over time. Chapter Two highlights the theoretical position of this study in navigating post-structural and feminist tensions.

Chapter Three begins with an overview of schooling practice at both a global and national level to have awareness of the ideological forces shaping the mandate of education and the resultant expectations for the child, educator, and family system. Implicated in these expectations is a gendered discussion of the world of work, where attention is turned towards the wave of scholarly literature pertaining to boys in schools and the ‘failing boys’ rhetoric. The chapter concludes with a discussion of disabled masculinities and the implications for understanding young boys with ADHD. Chapter Four accounts for key discursive thought regarding health and illness, and the related issues of stigmatisation and psychopathologisation. Discourses of disease, deviance, and evolutionary advantage are explored to understand which discursive scripts are made available for boys in the negotiation of their ADHD diagnosis.

1.3.2. Part Two: Methodological Considerations

Part Two of the thesis consists of three chapters that refer to the methodological and ethical considerations for engaging in research with youth in a school context. The use of qualitative research methodologies like ethnography unsettles the notion of a linear and deductive research design by inextricably weaving the data production and data analysis in the meaning-making process – a consideration that is reflected in the structuring of chapters.

Chapter Five delineates the specific research questions and a description of the methodologies employed. Detailed information is provided about the research site Riven Primary School, as well as other reflections regarding participants and time spent in the field.

Chapter Six serves to problematise and engender debate about these methodological processes, in considering the politics of recruitment, the ethics of representation and the claim towards engaging youth in participatory ways. Discussion of ethnographic methodologies highlights the effects that the research process may have on the researcher and the participant during and after engagement in the field. In the final chapter of the section, Chapter Seven, attention is focused on the mechanics of the narrative-discursive approach to analysis. Key concepts like Canonical Narratives, Interpretive Repertoires, and Ideological Dilemmas are explained. The theoretical underpinnings of this approach suggest multiple influences at a macro- and micro-level that constrain talk and shape the production and negotiation of identities.

1.3.3. Part Three: Narrative Discursive Analysis

Part Three relates to the key findings of the study, as structured across four chapters. The synthesis of the findings makes reference to the observations drawn at the micro-level of the conversational exchange and the macro-level discourse.

Chapter Eight focuses on the conversations and interactions occurring within the peer space. The chapter begins with an overview of each of the boys participating in the groups and the major dynamics that set the tone for these exchanges. Analytically, the focus was to understand the metanarratives or master narratives that were shared among boys in the public performative space. Four narratives emerged to construct the ADHD child as ‘at-risk’ along similar categories of experience. These repertoires are defined as *faulty bodies*, *underachievers*, *unhinged*, and *outcasts*.

Chapter Nine provides a secondary reading of these group exchanges to understand the discursive strategies employed by boys to negotiate the stigmatised or deficit positionings. Analysis reveals the emergence of the ‘*Underdog*’ as a powerful canonical

narrative for familiar tropes about performance and future possibilities, which is also aligned with the boys' imperative for medication. The enactment of this narrative is understood through three conceptual areas relating to group membership and alliances (*Rallying the Pack*), striving for educational attainment (*Focusing to Achieve*), and the complexities of managing behavioural conduct (*Playing by the Rules*). Chapter Ten provides an opportunity to shift the focus of the interactional space to explore the private narratives of boys, where resistance is issued towards traditional developmental expectations, normative peer values, and medicated imperatives. Four counter-narratives are discussed to reveal how this resistance is enacted to foster adaptive or maladaptive self-positions.

Chapter Eleven represents a deliberate shift from the boys' to focus on the accounts of the adult other, namely the Remedial and Mainstream school educators. The educator accounts provide a reflexive position on the normative discourse surrounding ADHD, as perpetuated within the schooling context. These accounts are organised in relation to three patterns of response, namely *Flunk*, *Punk* and *Hunk*, which prescribe differing levels of risk and accountability for the child, the family system, and the educator themselves.

1.3.4. Part Four: Synthesis of Findings and Critical Reflections

The final part of the thesis comprises two discussion chapters, in which key findings are integrated with the empirical and theoretical literature relating to childhood, boyhood, disabilities, and educational practice. Chapter Twelve foregrounds the dominant developmental narrative that renders young boys with ADHD at-risk, while also prescribing particular behavioural imperatives and delimiting spaces of success. Attention is also granted to how boys negotiate the trouble that emerges at the interface of multiple subject positions, and the implication of these interpretations for further boyhood and disabilities studies.

Chapter Thirteen provides a more critical analysis of mainstream developmental psychology, and the limits of this approach for understanding and supporting the agency and resiliency of youth. The chapter concludes with a translation of these theoretical ideas into reflective points for working with young people and their families within the field of mental health, more specifically in relation to a diagnosis of ADHD.

Chapter Two

Developing a Feminist Post-structural Script

2.1. Introduction

The purpose of this chapter is to orientate the reader to the key tenets of feminist post-structural thinking, while also acknowledging the tensions in reconciling these ontological and epistemological assumptions. The chapter begins with an overview of the broader paradigmatic orientation of social constructionist thinking, thereby progressing to advocate a view on the philosophical concepts of language, discourse, power, knowledge and truth, and subjectivity, as presented in this study. Discussion is thereafter engendered regarding the possible benefits and challenges of incorporating an intersectional lens to acknowledge the interwoven systems of meaning in boys' lives; and the usefulness of hegemonic masculinity within the theorising of an emergent field of 'boyhood' subjectivities.

As post-structuralism⁶ serves to deconstruct and disturb the process of writing, it was decided to foreground this chapter at the onset of the thesis, before proceeding to the empirical and conceptual issues at hand. Arguments put forward in this chapter are resurrected in Chapter Seven, in regards to the application of a Narrative-Discursive approach to analysis.

2.2. A Socially Constructed Foundation

Social constructionism is made reference to as a paradigmatic 'foundation' in this study because it provides the scaffolding for the ideas and concepts that are proposed in later theoretical discussions. The concept was first introduced in Chapter One, to orientate the reader to the philosophical orientations that are shaping the study design and choice of language. Social Constructionism is a dynamic orientation that acknowledges the historical and cultural specificity of meanings, which are seen as fluid and open to change over time (Flick, 2004). For example, essentialist views of gender rooted in biology are likely to receive more critique in today's social climate owing to the growing public awareness of

⁶ Distinctions may be drawn between 'post-structuralism' and 'poststructuralism' (without a hyphen). The former tends to imply a general 'coming after' of structuralism, whereas 'poststructuralism' often refers to a distinct approach with shared premises (Bowman, 2016).

transgender issues through media icons like Caitlin Jenner⁷ and motion pictures like *About Ray* (Berwin & Dellal, 2015). Therefore, as shifts occur in the conversational and social space, old meanings may be contested and new ways of understanding may come to the fore. This emphasis on social processes highlights an important perspective on language.

Traditional developmental theories have tended to regard language as the means to communicate the internal reality of the individual. The implication for research is that participant accounts are seen as unfiltered representations of events that will provide direct access to an individual's cognitive processes and emotional states. As such, researchers are tasked with uncovering these 'truths' and compiling similarities across accounts to present as composite themes, beliefs, or attitudes. Social constructionism challenges this line of thinking on the grounds that "language is not transparent" (Burr, 1995, p. 34).

Firstly, social constructionists regard language as a necessary condition for thought (Flick, 2004). In this way, individuals learn to acquire concepts and categories of meaning through the language of the culture that they are exposed to. The implication is that through language, individuals take up particular meanings that shape their realities and who they feel they 'are'. Even within the tradition, there are debates as to the authority of language, with some schools arguing that "the person cannot pre-date language because it is language which brings the person into being in the first place" (Burr, 1995, p. 33). Secondly, language is not a neutral transmission of information but an active social process that constructs realities. Even the Oxford Dictionary highlights the dynamism of language through the annual inclusion of words like 'bootilicious', 'selfie', and most recently, the controversial appointment of the 🙄 (emoji symbol) as *2015 Word of the Year* (Steinmetz, 2015).

In his work on structural linguistics, de Saussure (1974) argued that language is based on a system of signs whereby there is a relationship between a signifier (the sound) and a signified (the reference 'thing'). Structuralist thinking suggests that it is through this relationship that words become 'fixed' to a particular meaning, creating a shared language. However, the signs themselves do not hold intrinsic meaning and are relatively arbitrary in that their meaning is merely derived from their relationship to other signs. Post-structuralists, therefore, expand this view by suggesting that meaning is never fixed to language, and as

⁷ Formerly known as Bruce Jenner; the Olympic decathlete and gold medallist. In 2015, Jenner announced her gender transition and name change, which was documented in the television series, *I Am Cait* (Goldschein & Jenner, 2015).

such, language can introduce conflict and confusion⁸. It is the consideration of these disjunctures and contradictions that provide a fertile ground for discursive explorations.

2.3. Towards a Post-structural Lens: Reflections on Discourse, Knowledge, and Power

Seminal theorists associated with the tradition of post-structural thinking, whether they lay claim to that title or not, include Lacan (1966), Derrida (1978), Foucault (1978) and Butler (1990). In accordance with the key tenets previously mentioned in relation to social constructionism, post-structuralism⁹ problematises the stability of the external world and challenges claims towards an objective representation of ‘truth’. Through a post-structural lens, what it means to be a ‘child’, or ‘boy’, or ‘disabled’, are not reduced solely to biological givens but are determined by the positioning taken up within dominant discourses, that are produced in language.

The term *discourse* is frequently used to describe systems of meaning that are constituted in language. If language produces various versions of events then “surrounding any one object, event, person, etc., there may be a variety of different discourses, each with a different story to tell about the object in question, a different way of representing it to the world” (Burr, 1995, p. 48). As such, each discourse makes claims to the ‘truth’ of the ‘object’, with various different discourses competing for ascendancy. A key feature of discourse is the naturalisation of these ways of knowing, such that it is difficult to observe how particular discourses are exerting an influence. This is important, as discourses have implications for what people can do or make claims to do.

Foucault (1977) defines discourse as “the delimitation of a field of objects, the definition of a legitimate perspective for the agent of knowledge, and the fixing of norms for the elaboration of concepts and theories” (p. 199). Within this one statement, a number of assumptions are suggested regarding the nature of discourse and its relationship to knowledge and power. The first comment relates to the historicising of discourse. By this, Foucault suggests that social phenomena are not stand-alone factual events but are products of the

⁸ Although the term ‘post’ implies ‘after’ structuralism, post-structuralism remains connected to structuralism in two ways; through a rejection of the unified ‘self’; as well as a focus on the relationship between meaning and language. Note however that these terms are contested spaces, as post-structural theorists are not a homogenous group (Bowman, 2016).

⁹ Post-structuralism is distinguished from postmodernism. While the former references the field of academic theory, the latter is used to explain a history of cultural and economic shifts (Lather, 1993).

sociocultural mechanisms of the time (Hall, 1997). The field of mental health is one such example which has engendered various shifts in knowledge and representation from the early days of prophecy and madness. Although certain discourses may be perceived as more dominant and well-formed, the view in this study challenges a simplistic one-way transmission of power by acknowledging that power is dynamic, shifting, and open to contestation across time and space. Of particular significance in this regard is the notion that discourses gather their meaning from the context in which they are produced, highlighting the importance of situated analyses.

In the second arena, Foucault (1980) sets up an inextricable link between power and knowledge, arguing that what comes to be 'known' has an impact on social practice and the allocation of rights and responsibilities. In other words, power operates through discourse, as the distribution of these regimes of truth makes claims as to what is deemed acceptable or unacceptable (Hall, 1997). Foucault (1978) traced various mechanisms of power, from the expression of Sovereign Power, underpinned by rights of seizure and the appropriation of goods; to the workings of Disciplinary Power to uphold order through surveillance and behaviour regulation; to the more recent understandings of Biopower and social control at the level of the body.

It was the growth of scientific and administrative processes during the late 18th Century that signalled "an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations" (Foucault, 1978, p. 140). Western medicine provides one example of the enactment of biopower at the micro-level of the everyday, where the body is assessed, measured and regulated; and biological distinctions are enforced between 'normal-abnormal' or 'abled-disabled'. Goodley and Runswick-Cole (2012) caution against these normalising technologies, arguing that "we use concepts such as 'intellectually disabled' as if they were 'real, naturally occurring entities' because they are objects created by 'natural' bio-political discourses that have come to be known as 'truth'" (p. 51). Similarly, the diagnosis of ADHD and the associated symptomology is located within a broader discourse or self-regime around what is considered 'normal' or acceptable for young boys.

Foucault's theorising about discourse and knowledge-power relations, specifically bio-power, are important to this study in understanding the positionings of people with disabilities (Tremain, 2005), including children operating within the institutional culture of schools (Macartney, 2011). However, Foucault (1977, 1980) makes particular assumptions

about the agency¹⁰ and subjectivity of the individual that need to be interrogated for the purposes of this analysis.

2.3.1. The Place and Position of the ‘Subject’

The question of “who I am” can be answered (or attempted to be answered) in various ways. In the realm of the everyday, speakers draw on an array of readily available sociocultural categories to describe and identify ‘self’, including sex, age, race, nationality, occupation, *etc.* A reversion to these familiar tropes suggests that they are able to reveal something about an underlying identity or fixed sense of self that can render similarities and differences in understanding. For Bamberg (2011), three dilemmas emerge in any claim towards answering this question of ‘who we are’, by activating tensions in regards to continuity/change; uniqueness (self/other) and agency:

- (i) sameness of a sense of self across time in the face of constant change;
- (ii) uniqueness of the person vis-à-vis others in the face of being the same as everyone else; and
- (iii) the construction of agency as constituted by self (with a self-to-world direction of fit) and world (with a world-to-self direction of fit) (p. 6)

Post-structuralism resists a singular notion of ‘self’ or ‘identity’ as an integrated personhood. Rather, selves are viewed as “relationally and interactionally composed”, such that the construction and presentation of selves are open to change across different contexts and spaces of interaction (Stanley & Wise, 2002, p. 195). As such, “identity work” is something that people ‘do’ through their talk, rather than a static categorisation of who or what they ‘are’. Aside from the complexity in making claims to what identity is, and the ways in which we can analyse ‘it’, a further tension arises in the terminology used in the description. In this paragraph alone, the terms self, selves, and identity are used almost interchangeably. Considering that language is not neutral, it is important to critically evaluate these terms to illuminate the understanding of identity (or subjectivity) that is adopted in this particular analysis.

In a 2008 article for the journal *Subjectivity*, Margaret Wetherell expressed concern about the growing superiority of subjectivity as an analytic concept within the field of

¹⁰ Agency refers to “notions of motivation, involving incentive and the initiation of action, and intention, which refers to the direction of that action” (Avdi, 2005, p. 496).

identity. In her argument Wetherell (2008) acknowledges that identity and subjectivity are often positioned as contrasting concepts. Identity tends to be distinguished as the fixed ‘public self’ – that part that can be known in the most general sense due to ‘observable’ markers like sex, age, and race, and other declarations of group affiliation. Subjectivity is therefore rendered the ‘private self’ – the interiority, complexity, and authenticity of experience, thoughts, attitudes, and feelings. Weedon (1997) echoes this sentiment by referring to subjectivity as “the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world” (p. 32).

The first concern with upholding these distinctions is a failure to recognise how the features associated with subjectivity, like reflexivity, are “intrinsic to the formation and cultural representation of what gets marked out as ‘identity’” (Wetherell, 2008, p. 78). In other words, self-reflexivity as an ‘interior quality’ has been employed to demarcate differences in terms of class (Wetherell, 2008), and arguably in the case of this study, to signify differences in terms of age or adulthood/childhood. Secondly, the privileging of subjectivity fails to acknowledge the complexity of intersectionality, a powerful concept in feminist theorisations, whereby identity categories are seen to be constantly intersecting and constituting one another (Hankivsky, 2012).

While Wetherell’s (2008) concerns are acknowledged, particularly in regards to securing a place for ‘identity’, a decision to abandon these concepts outright may be premature. It is therefore argued in this study to retain both these terms and the associated public/private dimensions; not to suggest that one version is more important than the other, but rather to make visible and further problematise this relationship. As per the narrative-discursive approach to analysis, which will be explicated in Chapter Seven, equal attention is granted to the material and socio-cultural markers of identity and the processes of subjectivity related to the negotiation of prior tellings that are at play within the interactional space.

Harré and Moghaddam’s (2015) reference to the three ‘selves’ (embodied, autobiographical, and social) and Kotze and colleagues’ (2015) framework of ontological dimensions [see Figure 2] are useful ways to illustrate this plurality of ‘being’ and problematise the dualities of objective and subjective truth.

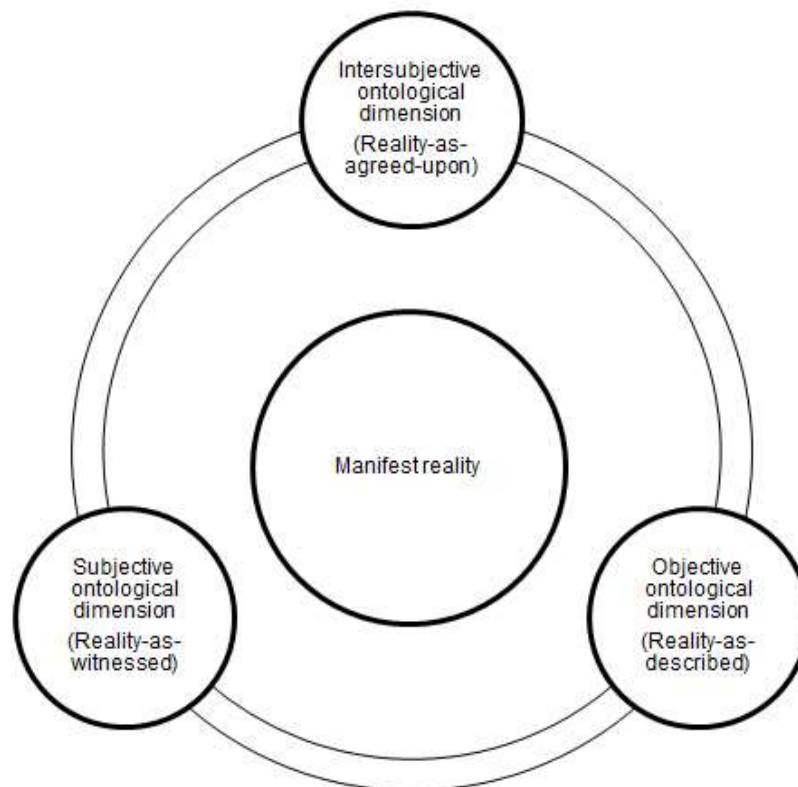


Figure 2. The three ontological dimensions (Kotze, Coetzee, Elliker, & Eberle, 2015)

The embodied self, which is largely what we consider as ‘identity’ or as Kotze et al. (2015) refer – ‘reality as described’, is actioned in the material world and therefore holds a relative continuity across contexts, except in relation to the real-time changes that are anticipated in life transitions, i.e. aging, illness. The social self draws together the subjective dimension, as selves are in-flux and shaped through mutual understandings within the interactional context. The autobiographical self or intersubjective dimension of reality introduces a newer area for reflection by suggesting a self that is both dynamic and open to change, yet grounded in a system of agreed-upon-meanings. Whereas Kotze et al. (2015) introduce a psychoanalytic perspective by suggesting that this dimension is ‘grounded in the consciousness’ of the individual, Harré and Moghaddam’s (2015) understanding is preferred in considering self as emerging from a continuity of previously developed scripts and tellings.

As such, an integral model of reality and selves “extends beyond the empirically measurable, but [] is never completely divorced from it” (Kotze, et al., 2015). Each of these dimensions generates ‘partial truths’, however it is equally dangerous to assume that to account for all three of these dimensions is tantamount to presenting ‘truth’, as ‘truth’ is always open to contestation in the realm of post-structural thinking. Rather we understand

this as a dynamic process of social locations and interacting activities that produce our manifest realities.

2.3.2. Reconciling a Feminist Post-structural Orientation

Researchers who adopt a feminist stance seek to expose inequalities, privileges, and systems of oppression that operate across accepted social categories and practices (Campbell & Wasco, 2000). However, use of the term feminism does not imply a single movement or perspective, as various schools of thought have emerged in relation to the social realities of the time. The turn towards feminist post-structural theory has often been referred to as a ‘third feminism’, emerging after the rights-centred approach to liberal feminism and the essentialist perspectives advocated in radical feminism (Davies & Gannon, 2005). In academia, this approach has gained increasing influence in the field of gender and education research (Dillabough, 2001; St. Pierre, 2000). However, claims to employ feminist post-structuralism are not without their difficulties as both these orientations present their own ontological and epistemological assumptions. In ‘reconciling’ these orientations, as the paragraph title suggests, it is important to reflect on potential points of ‘connect or disconnect’ to explore where this integrated approach adds value to the analysis at hand.

The first issue relates to a perspective on social criticism. For feminist practitioners, the exposure of inequalities is a fundamental issue that tends to precede the broader philosophical debates. However, the lack of engagement at a deeper philosophical level has often resulted in critique over the tendency for feminist practitioners to essentialise issues (St. Pierre, 2000). On the other hand, a post-structuralist orientation that is preoccupied with the instability and fluidity of meaning tends to reflect a less grounded perspective on everyday social realities. In these ways, feminist researchers critique post-structuralism for what is perceived as an ongoing relativism and amorality that fails to engender social justice (St. Pierre, 2000). Furthermore, practitioners operating from a social activist orientation advocate the view of the “deconstruction of gender [as] arguably ‘anti-feminist’ rather than post-feminist” as it masks the real urgencies and inequities on the ground (Franks, 2002, p. 40).

The promise, therefore, of feminist post-structuralism in this study is a feminist acknowledgement of powers and ‘truths’ that reinforce and entrench binaries of knowing, and the post-structural strategies to deconstruct these binaries, i.e. boy/girl, able/disable, to make visible the ways in which language naturalises and maintains the status quo (St Pierre, 2000). The feminist perspective within post-structuralism also provides space for recognition of the material body, while avoiding simple categories or types, through the concept of *embodiment*.

Embodiment makes reference to “the values, perceptions, and gestures that are inscribed in and through the body and how we live these experiences through our bodies as men and women” (Wearing, 1996, p. 68). The position in this study is that the body can never truly be a neutral space, as it plays host to a number of inscribed meanings. For example, in recent student protests in South Africa, White students were shown to mobilise ‘White Privilege’ in shielding fellow Black students from authorities. Although meanings are ascribed, it is dangerous to assume that social categories, like the colour of one’s skin, represent a homogenous group identity. Therefore while White privilege may be a relevant social construct, not all White students possess the same degree of power and privilege owing to the complexity and *intersection* of other social structures. It is at this point that a discussion of intersectionality emerges, as a useful analytic resource in the context of this study.

2.4. Intersectionality as an Analytic Resource

In the late 1980’s, Kimberlé Crenshaw, an American lawyer, offered the term *intersectionality* as a metaphor to describe the ways in which Black women were simultaneously excluded from both the feminist movement and the anti-racist movement (Crenshaw, 1991). The concept of intersectionality explores how various dimensions of social selves like race, gender, class, disability, *etc.*, form multiple interacting and emergent processes of identification and subordination. As the terminology suggests, this is not merely an additive process whereby individuals experience multiple layers of oppression but rather a complex process in which these dimensions intersect and co-construct one another (Collins, 1990; Crenshaw, 1991). Furthermore, the theory offers a broader view of oppression by highlighting the intersection of macro-level structural inequalities and the experience of discrimination at the micro-level (Lutz, 2014).

The emergence of intersectionality was a significant development in feminist theorisation to navigate the tensions between the collective notion of the ‘We’ movement and the acknowledgements of differences within the ‘*multiplicity of feminisms*’ (Lutz, 2014). Intersectionality continues to find favour in feminist academia and beyond and has been employed in studies regarding stigma and mental illness (Mora-Rios, Ortega-Ortega, & Natera, 2016), masculinities and disabilities (Shuttleworth et al., 2012) and ADHD and parenting (Wilder, Koro-Ljungberg, & Bussing, 2009). Initially proposed as a metaphor for oppression, intersectionality has morphed and multiplied into various proposed applications

as theory, framework, methodology, paradigm, or tool for data analysis (Lutz, 2014; McKibbin, Duncan, Hamilton, Humphreys, & Kellett, 2015). Other theorists like Olofsson et al. (2014) have proposed the development of an *intersectional risk theory* to reconceptualise how “intersectionality can be employed as a conceptual and analytical tool to deepen our understanding of the structured inequity of the realities and governance of risk in late modern society” (p. 419).

Questions emerge as to how to analyse intersecting social structures, following considerations that different social categories are framed in different ways. For example, class is often considered as a distinct public issue when compared to inequalities at the level of citizenship, like race or sexual orientation. Although each of these dimensions holds particular political values in isolation, intersectionality calls on an integrated view where commonalities emerge at the level of unequal power relations.

Prins (2006) distinguishes between systemic and constructionist intersectionality. While the former supports a more structural view of fixed social categories and hierarchies of power, constructionist intersectionality decentres social categories, focusing on agency and relative engagement with power. Furthermore, constructionist intersectionality provides greater flexibility to acknowledge context and the role of everyday cultural practices, as illustrated by Prins (2006):

On the one hand, our stories of our selves and others are only partly of our own making: we enter upon a stage already set, and our lives for the most part follow the course of already available narrative scripts. On the other hand, our stories are multilayered and contradictory; the scripts of gender, race, ethnicity and class play a constitutive role, but never in the same way, never as mere determining factors (p. 281).

To adopt intersectionality as a concept within a postmodern tradition involves a reconciliation and theorisation around the role of social structures. Theorists like Carbin and Edenheim (2013) have critiqued intersectionality’s “promises [to] almost everything: to provide complexity, overcome divisions and to serve as a critical tool” (p. 233), while Butler (1990) has described the potential multiplicity of intersections as the “illimitable process of signification” (p. 143) resulting from an attempt to define all aspects of ‘identity’.

To address this conflict, McKibbin and colleagues (2015) propose a conceptual reframing of intersectionality as discourse. Drawing on a Foucauldian definition of discourse, “the object of knowledge created by intersectionality is a common feminist voice which

claims to simultaneously acknowledge diversity and recognise that gender is not the only dimension critical to identity and oppression” (McKibbin et al., 2015, p. 101). In this way, *Intersectional feminism* may be aligned with a post-structural ontology, by enabling an understanding of multiple subjectivities along categories of difference and systems of oppression (McKibbin et al., 2015). This view holds value in this study as it disrupts a singular view of what an ADHD diagnosis can mean for the individual child.

The traditional focus of intersectionality has been on the intersection of subordinate structures, as in the case of Black women who are seemingly marginalised in terms of race and gender. Hankivsky (2012) refers this as the “trinity of race, class, and gender [which has arguably obscured] other types of experiences emerging from intersecting frameworks” (p. 1717). The concept of ‘partially privileged’ identities expands this notion by acknowledging that individuals may be privileged by a certain characteristic(s) but subordinated by others (Mutua, 2012). White women, for example, are privileged by virtue of their race while continuing to face oppression in terms of their gender. However, intersectionality continues to complicate these neat distinctions of privilege and subordination. For example, Hutchinson (2001, as cited in Mutua, 2012) refers to the ways in which heterosexuality as the privileged norm, was activated “through a racist, sexualized rhetoric [to construct] black males as heterosexual threats to white women” (p. 358).

Theorists like Hutchinson (2001) have argued for a post-intersectional theory or multidimensional theory for examining these ‘partially privileged’ identities. However, the argument in this regard does little to critique or advance the more modern interpretations of intersectionality that are in use today (Mutua, 2012). As such, the term intersectionality is retained in this analysis.

2.5. The promise of a feminist post-structural approach for working with boys with disabilities

An examination of childhood and disability studies reveal various historical similarities in relation to patterns of marginalisation and institutionalisation (Tisdall, 2012). In relation to research, early investigations in the field of childhood and/or disability have tended to exclude and objectify children or people with disabilities, in favour of the perceived credibility and coherence of other speakers (Hogan, 2005; Watson, 2012). Although the discourses underpinning childhood and disability have evolved in slightly different ways, similarities in discrimination are associated with a view that children and people with

disabilities occupy 'lesser' social status or power because of their dependency on others (Tisdall, 2012).

Developmental psychology has traditionally dominated the way in which childhood and children's experiences have been constructed and understood (Burman, 2008). Piaget, a prominent theorist within this school of thought, proposed child development as the attainment of skills and cognitive processes within pre-defined stages based on chronological age. However, entrenched within this developmental ideology are particular assumptions of capability that contrast the deficiencies of childhood with the relative accomplishment of adulthood (Tisdall, 2012). Similar binaries emerge in the field of disability, where people with disabilities are routinely evaluated and negatively judged against a socially constructed and baseless ideal of 'normal' (Tisdall, 2012).

Concerns regarding 'weak' or under-developed capacities have often supported a paternalistic need to shelter children and people with disabilities and limit their involvement in decisions and activities that affect their lives (Desai, 2010; Tisdall, 2012). However as Marks (1999) notes, "paradoxically, subjecting children to high levels of protection may make them more vulnerable to risks" (p. 91). In other words, limiting opportunities or access to social spaces reinforces an individual view of risk, thereby precluding other areas for psychosocial support and development.

The late 1980s and 1990s witnessed a significant turn for childhood and disability studies, with new academic concepts and political legislation emerging in each respective field. The uptake of a Disability Studies perspective and the unveiling of new language repertoires for impairment shifted the parameters of disability from the realm of the individual problem to barriers experienced in the social environment. While this approach has advanced the status of people with disabilities on the social activist agenda, it has also faced critique, most notably the perceived failure to take into account complex social factors (Marks, 1999). Since this time, new theories have emerged in the form of Carol Thomas's (2007) 'impairment effects' and the growing tradition of Critical Disability Studies (Meekosha & Shuttleworth, 2009).

The 'new sociology of childhood' which emerged in accordance with the movement for child rights, heralded a theoretical shift in recognising 'childhood' as a socially constructed experience in which children are active social agents who create meaning in their lives (James & Prout, 1997). A consequence of this movement was an increased interest in the ways in which young people may be involved in research. Malone (2006) traces this evolution of thought and practice from the origins of research *on* children, to the movement

towards research *with* children, and most recently, research *by* children. As such, research involving children has witnessed a growth of participatory ‘child-centred’ methodologies, as well as a drive towards involving children more fully in the conceptualisation and operationalisation of research (Alderson, 2001; Kellett, Forrest, Dent, & Ward, 2004).

Despite these historical similarities, childhood and disability studies have progressed in different ways. Tisdall (2012) argues that the field of disability reflects a more advanced social dialogue, activism and policy development in comparison to childhood studies – a difference that is largely attributed to the uptake of the social model of disability. On the other hand, there remains a resistance in academia towards exploring the personal experiences of people with disabilities (Connors & Stalker, 2007) and a failure to include children with disabilities as either research participants or researchers (Watson, 2012).

Despite these slight differences in activism and academia, it is argued that research focusing on children and/or disability is well-placed within a feminist orientation, as issues of inequality and marginalisation are easily foregrounded. However, focusing on the potential marginalisation of young (primarily White) boys seems counter to the ethos of feminism, as White males have historically assumed and/or been assigned a mantle of privilege. As Nash (2008) suggests there is a lack of agreement around the boundaries and qualifications of intersectionality, as to whether it is “a theory of marginalized subjectivity or a generalized theory of identity” (p. 10).

In general, incorporating pro-feminist (critical) studies of men and masculinities – also referred to as men/masculinity studies (MMS) – within a feminist orientation, introduces dissonance, as ‘maleness’ is historically accorded greater privilege than ‘femaleness’. Furthermore, Beasley (2015) argues that MMS has largely become ‘the odd man out’ within the field of gender/sexuality studies, due to the differing trajectories and slower uptake of postmodern/post-structural thinking (p. 4). The following discussion critically evaluates this claim as to whether a feminist orientation towards masculinities studies can be employed.

2.6. Men, Masculinities and a Feminist Agenda

The field of masculinities studies has undergone a considerable transformation over the past fifty years. The early 1970s heralded the men’s liberation movement, calling for critical engagement around the limits or costs of traditional sex roles. However, this liberation movement was not a singular force, with separations occurring between pro-feminist and anti-feminist agendas, among other splinter movements. Anti-feminist rhetoric within men’s rights activism, which is strongly critiqued by authors like Flood (2004), challenges the

under-representation of men and boys while defending against the over-feminisation of society. This perspective has also promoted controversial assumptions that men and women think and act differently because of biological differences, resulting in new, separatist fields of academic scholarship, including the recent wave of ‘*male studies*’ (www.malestudies.org).

Traditional structuralist thought posits masculinity and femininity as fixed traits that can be measured through standardised self-report instruments and scales, and seemingly classified or organised through inventories and typologies. Social constructionist and discursive approaches have introduced greater fluidity in how masculinity or rather masculinities may be conceptualised, stressing the value of qualitative understandings that elevate the role of unique sociocultural contexts (Barrett, 2014).

Raewyn Connell¹¹ is accredited as one of the leading pro-feminist and constructivist thinkers in contemporary masculinity studies and is noted for her theorisation around gender hierarchies, particularly the conceptualisation of hegemonic masculinity (Connell, 1987; 1995, 2000). Gramsci’s concept of hegemony was integral to Connell’s (1987; 1995) theorisations to understand the subtle workings of social power and the perpetuation of an idealised and privileged masculinity that exists in social life, even if the standard is unattainable and people do not directly subscribe to it. Hegemony tends to be maintained by those individuals who derive some benefit (patriarchal dividend)¹² from the social order, including men and women.

For Connell (2005; 2016), various responses or positions are taken up in relation to hegemonic masculinity, namely *complicit* masculinities that actively sustain this hegemony and ‘other’ masculinities outside of hegemony, namely the *subordinate* and *marginalised*. However, theorists have argued against the simplicity and determinism of these responses, suggesting that boys and men may not only comply or resist hegemony but may construct new parallel positions (Frosh, 2002; Wetherell & Edley, 1999). Researchers have extended conceptualisations of alternate masculinities, most notably Swain’s (2006) inclusion of ‘personalised masculinities’, Anderson’s (2005, 2007) offering of ‘inclusive masculinity’ and Groes-Green’s (2011) conceptualisation of ‘philogynous masculinities’. However, the identification and naming of multiple masculinities register concerns about an underlying

¹¹ Female pronouns (‘she’) are used when discussing Raewyn Connell’s work, including the work predating 2006, which is regarded as the critical time stamp for Connell’s gender reassignment.

¹² Messerschmidt (2012) distinguishes between hegemonic masculinities as the purveyor of patriarchy; and the dominant and dominating masculinities as representing power relations between men.

modernist agenda that conflicts with the current turn in postmodern, feminist thought (Beasley, 2015).

In South African research and practice, hegemonic masculinity has often been narrowly equated with an oppressive and potentially violent masculinity (Morrell, Jewkes, & Lindegger, 2012). Furthermore, concern has been noted regarding the irregularities and ‘slippage’ in the use of the term hegemonic masculinity, as it is referenced sometimes as a political mechanism and strategy of legitimisation, and other times, as a description of dominance (Beasley, 2008). The difficulty is that these definitions are not synonymous, as the most dominant or widespread form of manhood may not be regarded as the holder of legitimate authority.

Connell herself has criticised the interpretation of hegemonic masculinity as a ‘static character type’ to which men do or do not belong (Connell, 2008; Connell & Messerschmidt, 2005). The clarification is that “masculinity represents not a certain type of man but, rather, a way that men position themselves through discursive practices” (Connell & Messerschmidt, 2005, p. 841). Dislocating masculinity from the body and the emphasis upon relationality are important to introduce a measure of fluidity across time and place, to counteract a view of fixed gender identities. However, Connell (2001) has also been critical of a strictly discursive approach, drawing attention to “the institutional contexts of everyday life” and “the ‘fixing’ mechanisms which limit the fluidity of identities” (p. 8). In other words, mechanisms like class (Reay, 2002), or place (Ward, 2015), among others, limit and shape the performance of desirable masculinities. Hearn (2014) takes up similar arguments and proposes a reinvestment in the social category of ‘Men’ and *Men’s Studies*, to provide a more grounded and explicit perspective on material social realities.

The current tide in research is reflective of these suggestions, as masculinity theorists and practitioners begin to ground their discussions and recommendations in more localised realities. However, theorisations regarding ‘age’ or ‘boyhood’ that focus on early childhood and preadolescent experiences have received comparatively less attention and critical analysis, as Chu et al. (2009) notes, “we have only begun to explore boys’ relational development, including what boys are capable of knowing and doing in their relationships and how their particular social and cultural contexts contribute to the diversity of their experiences” (p. 113). While Connell’s work provides a useful starting point for theorisation, questions emerge about the usefulness of this concept when working with younger boys (Renold, 2007), particularly when the ability to contest hegemonic masculinity suggests there was hegemony, to begin with.

2.6.1. Usefulness of Hegemonic Masculinity within Boyhood Studies

The terms ‘boy’ and ‘man’, as commonly accepted signifiers of age difference, are peppered throughout the literature. Even Connell (2000) upholds a distinction between men and boys in the title of an earlier book. Through the development of language, ‘boy’ has come to signify a younger version of ‘man’, and is set up as a relational construct with girl, much as woman is to man. The construction and reinforcement of these binaries have supported particular systems of meaning that accord greater authority to ‘man’ in relation to ‘boy’ and from ‘boy’ in relation to ‘girl’. Furthermore, outside of gender, the vestment of meanings for the terms ‘boy’ and ‘girl’ in relation to childhood immaturity and lesser social standing, have historically been activated as conversational resources for the racial oppression of adult persons of Colour (Chu et al. 2009).

For Morrell (cited in Chu et al. 2009), understandings of boyhood¹³ as a phase of life have been troubled in a South African context whereby “the trajectories to maturity for boys have always been strongly divided and differentiated by race” (p. 119). It is argued that in the Black African culture, traditional pathways to manhood have become eroded over time, thereby increasing uncertainty in the process of ‘becoming a man’. These examples include the disintegration of marriage and bridewealth (*lobola*) practices due to economic constraints, and where applicable for certain cultures, the commercialisation of circumcision that extends the admission of suitable initiates. White boys, in a traditional sense, have been regarded as following a somewhat more linear and unchanging rite of passage centred on schooling and, in the case of previous generations, compulsory military training.

Connell’s theorisations regarding hegemonic masculinity and hierarchies of status have routinely been employed in school-based research involving adolescents (Barnes, 2012; Dalley-Trim, 2007; Govender, 2011; Kehily & Nayak, 1997; Martino, 1999; Poynting & Donaldson, 2005; Stoudt, 2006) and younger boys of primary school age (Bhana, 2009; Renold, 2001, 2007; Skelton, 1998; Thorne, 1993), while other researchers have reproduced similar ways of understanding in the field of early childhood studies through their reference to ‘dominant masculinity’ (Connolly, 2004; Keddie, 2001). Connell and Messerschmidt (2005) support this area of research by indicating that children, like adults, have the “capacity to deconstruct gender binaries and criticize hegemonic masculinity” (p. 853). From their

¹³ Reference to ‘boyhood’ signifies the varied cultural markers of gender and age that enable theorisation around constructions of childhood and masculinity.

perspective, it is, therefore, possible to engage with hegemonic masculinity as an ongoing project throughout the life span.

Theorists involved in school-based research have argued that boys' identifications with the cultural markers of childhood were more significant than their positionings through codes of adult masculinity (Thorne, 1993; Mac an Ghaill & Haywood, 2007). However, although boys may not regularly subscribe to these discourses of 'adult masculinity', they continue to circulate in the public and private spheres (Bartholomaeus, 2012). For example, boys may identify heterosexist discourse, but place greater interest and investment in 'playing' rather than the pursuit of female peers (Haywood, Popoviciu, & Ghaill, 2005; Mac an Ghaill & Haywood, 2007). Davies (2003) clarifies that rather than constructing a desirable masculine identity or identities, these gendered assumptions of boys are made more visible through this denial or undesirability of the feminine.

2.7. Concluding Remarks

The design and operationalisation of the study draw together various complex orientations that offer ontological and epistemological points of connection or points of tension. Post-structuralism provides the orientation or substrate through which to disrupt generally accepted ways of knowing and guide understandings towards the fluidity of subjectivities and the importance of discursive meaning-making. Feminist leanings elevate the political aspects of these discursive constructions, in drawing attention to sites of oppression and privilege. Intersectionality, which is well-aligned with feminist thinking, is useful as an analytic tool to advance discursive analyses by drawing attention to the trouble that emerges at the interface of multiple subject positions. However, post-structural thinking once again decentres intersectional categories, in understanding how power and privilege are not statically assigned but open to shift, particularly at the interface of different narrative positions.

Chapter Three

“The ABCs of Education” – Learning to be a Man

3.1. Introduction

The purpose of Chapter Three is to provide a critical reflection of the field of work, play and education, and the relationship to the production of masculinities and gendered narratives of success and productivity. Content in this chapter is structured in two parts. The first part of the literature traces the socio-historical development and key ideological influences underpinning understandings of childhood, education, and work. Introductory texts by Peter Gray (2008), Kehily (2004, 2007), Kellett (2014), and Meyer (2007), are drawn upon to explore how particular systems of meaning have shaped the way in which children were viewed and responded to as passive or agentic beings.

As Bruner (1996) recalled, “education is a complex pursuit of fitting a culture of the needs of its members and of fitting its members and their ways of knowing to the needs of the culture” (p. 42). The position adopted in this study is that education and work are intimately connected; and that developments or ideological shifts in one area influence the other, thereby introducing a range of debates around the roles of schooling institutions and the space for play. The second part of the literature identifies boys’ experiences of schooling and the mass of theoretical and empirical research surrounding young boys’ challenges and successes within this context as they negotiate their identities. At this point, the argument lends itself to an exploration of the intersection of masculinity and disability, in understanding how visible and ‘invisible’ impairments may shape the expression of masculine subjectivities.

3.2. Narratives of Childhood

Although children have long featured as significant members of social life, the concept of ‘childhood’ is a relatively modern phenomenon that is said to have emerged sometime during the mid-Eighteenth Century (Ariès, 1962, in Kellett, 2014). When speaking about children we draw on particular understandings of childhood, as a socially imagined space and holder of discursive meanings (Dumas & Nelson, 2016; Kehily, 2004; Kellett, 2014). Narratives of childhood are therefore open to shift over time, highlighting tensions between children’s full participation and equality, versus fears of risk and exploitation. Although some understandings of childhood appear to be universal, childhood itself can mean different

things for different children, when considering the interface of structural realities like poverty, as well as the intersection of gender, thereby supporting our enquiry of ‘boyhood’ as a social phenomenon.

Various theorisations of childhood have emerged (Kehily, 2004; Kellett, 2014). The Romantic discourse of the 18th Century, typically associated with the work of Jean-Jacques Rousseau, supported a view of children as innately innocent and pure, such that children were idealised and viewed as the epitome of ‘goodness’. The corresponding response was to safeguard children from a cruel and corrupt societal influence. Theorists like John Locke also rejected the view that children were innately ‘bad’ by suggesting that children entered the world as ‘blank slates’ (*tabula rasa*). Due to this perceived absence of capacity, greater responsibility was placed on the adult within the environment to guide and shape the child to rational and mature human behaviour.

Viviana Zelizer (1985) refers to the ‘sacralisation’ of childhood, as to how contemporary culture has come to assign intrinsic value and sentimentality to children. In addition to the prevailing discourse of innocence and vulnerability, it is argued that the erosion of intimate partnerships in today’s society has elevated the significance of the parent-child relationship in providing meaning and purpose to adult lives (Jenks, 2005). This great emotional investment in the parent-child relationship heightens perceptions of risk, whereby adult figures like caregivers and educators are mobilised as protectors and defenders against risk. This position is even entrenched by way of the language used to define adults as guardians and caregivers (givers of care). In adopting this stance, caregivers are emblazoned with a great deal of responsibility to protect and nurture healthy child development, and subsequent blame when difficulties emerge.

In the current social milieu, where children spend a great majority of their time outside the home, this responsibility extends from the primary caregiver to the educator and the surrounding schooling culture. Children have little control or preference over what is expected of them in their daily school activities, as well as the authorities that they must follow (Dumas & Nelson, 2016). In South Africa, as with other places in the world, children are mandated to attend formal schooling (at least to a certain age) to prevent falling off the ‘developmental track’ or experiencing cognitive and psychosocial delays. It is by identifying and exploring these meanings around childhood, and the broader socioeconomic imperatives, that we may understand the ways in which different educational ideologies have been privileged at different times.

3.3. Socio-historical view of Schooling

Access to quality education is a fundamental human right, as ratified through the *Universal Declaration of Human Rights* (UDHR, 1948) and the principles of the *South African Constitution* (1996). However, the entrenchment of formal education within child development has resulted in a normalisation of school institutions and annual assessment practices. That is not to say that recent educational practice has not changed, as with the introduction of digital learning spaces, non-homework schools, or the abandonment of teaching subjects altogether in favour of ‘phenomenon-based learning’¹⁴, as noted in Finland (Garner, 2015). However, in South Africa, implementation of these practices is an exception rather than a rule.

In pre-agrarian hunter-gatherer societies, young people engaged with their environment through kinesthetic exploration, observation, and self-directed play (P. Gray, 2008). It was through the advent of agricultural systems that orderliness and domestication gained prominence. Children became engaged in apprenticeship-style learning while facing more routine activities and responsibilities in support of family functioning (P. Gray, 2008). The gradual shift from nomadic living to the cultivation of land and property ownership contributed towards the emergence of social hierarchies and feudal states. During this time, many children from poorer households were forced into roles of servitude for the wealthy elite, where obedience and subservience were paramount. This role expanded during the growth of mechanised industries, where women and children were physically able to undertake labour activities once reserved for adult men (Kellett, 2014).

The advent of social reforms and employment legislation in the mid-1800s placed greater limits on the role of children in the workplace while introducing a new investment in formalising spaces for children to learn (Kellett, 2014). Adding to this schooling culture was the development of technologies like the printing press, which expanded access to information (Jensen et al. 1997). From the 16th Century onwards, the idea of compulsory public education was taking shape in various parts of the world, however, different philosophies emerged as to what this education should entail. For example, in 17th Century America, education was influenced by Puritan doctrine that assumed children to be innately ‘bad’ due to the unresolved ‘original sin’ (Kellett, 2014). Education involved spiritual enlightenment for the ‘sinful child’ and was deeply rooted in religious and moralistic agendas based on control and strict discipline, in order to produce good Christians. Wars and social

¹⁴ Exploring real-life situations or phenomena through an interdisciplinary approach.

conflict have also changed the course of educational content and delivery, with schools becoming one platform to promote nationalism for the purpose of producing dutiful soldiers and patriotic citizens (P. Gray, 2008).

The emergence of Fordism in the early 20th Century promoted an economic culture driven by consumption, mass-marketing and production-led values. Over this period, the benchmark of success shifted towards self-control, orderliness, and efficiency – traits that were valorised and rewarded by the educational system of the time. Contemporary (post-Fordist) industry has observed a shift towards ‘knowledge economies’ and the privileging of intellectual and technological innovation. Post-Fordism has largely destabilised the nature of work by introducing more flexible modes of production and working environments, niche marketing, new information technologies, and a feminisation of the workforce (Beynon, 2002). Implicated in these developments was a growth in neo-liberal ideologies that prioritised individualism and entrepreneurialism.

In countries like England, for example, the last thirty years have signaled policy reforms that have moved education away from a welfare focus on social justice and equal access, towards more prominent marketplace agendas, with the broader goal of improving the national economy (Adams, 2008). Schools and educators are mandated to produce and demonstrate positive outcomes and growth, while also managing those who disrupt the performance of others. For O’Loughlin (2010) schools are mechanisms to maintain social order by socialising children into particular roles:

If society’s demand that citizens become *consumers* (of ideas, goods) then it makes sense to apprenticeship them in consumption. If society wished for children to be *originators* (of ideas, inventions) educational experiences would be structured radically differently so that the expansive narratives of self and society could be imagined and lived (pp. 219-220)

Schools have become the workplace of children, with adult authority figures demanding a prescribed six hour day of production with regulated lunch breaks and limited opportunities for ‘free time’, followed by additional ‘work at home’ (homework) (P. Gray, 2008). Sir Ken Robinson (2011) has fervently called for a reformation of current schooling practice, in light of concerns that schools stifle creativity, while Prosser (2008) considers the impact of these expectations, in arguing that ADHD “may be the visible tip of an iceberg of students who are being alienated by neo-liberal schooling policies” (p. 85).

Play, which is regarded as a central feature of childhood, is often viewed as separate from work (Kehily, 2007). Many children facing clinical diagnoses like ADHD are often regarded as ‘too playful’ and lacking in focus regarding their school work. Even the diagnostic criteria for ADHD in the DSM-V problematise the boundaries of this activity by highlighting clinical concern when an individual is “often unable to play or engage in leisure activities quietly” (APA, 2013, p. 60). However, various schools of thought support the developmental role of play as important childhood work in terms of consolidating skills and processing emotional content (Kehily, 2007).

Expectations of a supportive classroom environment and the behaviours required for successful learning are relative to the sociopolitical, historical, and cultural influences emerging within the unique context. While it is important to observe the global situation of education, it is equally significant to trace the historical trajectories that have shaped the status of schooling as it stands in South Africa today to provide a more localised understanding of educational practice, legislation, and learner support.

3.4. The State of Education in South Africa

South Africa holds one of the most progressive constitutions in the world, advocating for respect, freedom, and equality in relation to, but not limited to, race, sex, age, disability, sexual orientation, religion, and belief (Republic of South Africa, 1996). Education has routinely been connected to the pursuit of freedom, as noted by the late Nelson Mandela in his iconic words, “*Education is the most powerful weapon to change the world*”. However, the country has been plagued with concerns regarding equitable access to quality education that is delivered within safe and supportive environments that are conducive to learning and personal development. Various incidents of failed or inadequate service delivery have come to public awareness in recent times, most notably the 2012 Limpopo ‘textbook debacle’¹⁵, which came to symbolise the perceived fraud, corruption, and mismanagement of the ruling political party (Chisholm, 2013).

Education in South Africa reflects a complex past and an unsteady future in navigating various sociopolitical concerns. For the sake of this study, three key areas are illuminated, namely 1) the roll-out of Bantu Education during the Apartheid Regime and the

¹⁵ In 2012, news surfaced of hundreds of textbooks from the Department of Basic Education that were undelivered to schools in the Limpopo province. These findings were compounded by later reports of textbooks being shredded, abandoned, or dumped into rivers.

current student-led activism surrounding tertiary education; 2) the legacy of corporal punishment and ongoing school violence which shapes particular gendered assumptions and expectations for child development; and 3) the role of schools in supporting learner needs, including the debates surrounding the institution of inclusive education.

3.4.1. Sites of Protest: Soweto Uprising and #FeesMustFall

Prior to the 1994 democratic processes in South Africa, the deployment of Christian National Education and *The Bantu Education Act* (No. 47) of 1953¹⁶ contributed to a racial segregation of state-funded schooling that reinforced disparities in service and educational opportunities between White learners and learners of Colour (SA [U], 1951). At the time, White learners received their relatively superior education through what was later termed Model C Schools¹⁷. It was the Soweto Uprisings of 1976 that marked a significant turning point in Apartheid resistance, as young Black people mobilised to protest their schooling conditions; particularly the use of Afrikaans as a medium of instruction (Panday, Ranchod, Ngcaweni, & Seedat, 2012).

The institution of *The South African Schools Act* (1996) in the wake of the historical 1994 democratic elections sought to make education equitable for all population groups. Some twenty years later, one may argue that social and political reforms are beginning to be evidenced in ex-Model C schools, in which there is a greater diversity in the racial profile of learners enrolled, however, ex-Model C schools present only a fraction of the South African schooling experience at primary and secondary year levels, with many learners of Colour continuing to face educational deprivation due to the continued structural limitations entrenched within a legacy of disparity.

“The emergence of general intellect as a force of production upgrades significantly the importance of education and of educators for the cultivation of students’ consciousness and personality” (Pavlidis, 2012, p. 45). As such, tertiary education has been constructed as the panacea for unemployment; plunging higher education institutes into a state of turmoil as they battle to cater for student admissions. In the last three years, the higher education sector has emerged as a site of discontent among young students and professionals alike, resulting in a noticeable resurgence of student-led activism. The #RhodesMustFall movement, which

¹⁶ Later renamed the Black Education Act, 1953

¹⁷ Prior to the 1994 democratic processes in South Africa, state-funded schooling was racially segregated with White learners receiving education through Model C Schools, which were deemed semi-private.

gained prominence in March 2015, was initiated in response to perceived colonial symbols at the University of Cape Town (UCT) and activated a broader discussion of alleged institutional racism manifesting within language policies, student admissions, staff employments, and other facets of university management. In the same year, the #FeesMustFall campaign gained rapid traction nationally in highlighting concerns regarding equitable access to higher education.

The neo-liberal demand for intellectual advancement in the face of higher education costs is not unique to South Africa, with student revolts taking place across Europe and North America, among others (Ratcliffe, 2015). However, as with the events of the Soweto Uprisings, the expression of this collective political action in South Africa through the lawless behaviour of some protesters has spurred a ‘moral panic’ among some members of society, reigniting fears of a ‘lost generation’ (Panday et al., 2012).

3.4.2. Sites of Violence: Bullying and Corporal Punishment

Violence has been and continues to be, a significant issue within educational practice, locally and globally. In the first instance, history has revealed how a culture of violence and abuse was made permissible within school grounds by the routine practice of corporal punishment¹⁸ which was meted out to both boys and girls, although unequally at times. Morrell (2001a) observes how corporal punishment “symbolized and secured hierarchical dominance (of adult over child, learned over learner, male over female)” and was embedded with gender scripts that “taught boys to be tough and uncomplaining”, and girls “to be submissive and unquestioning” (p. 142).

In South Africa, the practice of corporal punishment was legally prohibited with the passing of the *Abolition of Corporal Punishment Act*, No. 33 of 1997; however evidence suggests that these unlawful disciplinary strategies continue in schools today (Burton & Leoschut, 2013). Despite research to suggest the adverse psychosocial consequences of this punishment (Desai, 2010), there has been a call by some young boys to maintain or reinstate corporal punishment for the purposes of teaching respect and discipline, and for fostering intergenerational connection through shared experiences (Morrell, 1994; Tucker & Govender, 2016).

In more recent times, attention has been granted to the interpersonal violence and bullying taking place among learners, and also between learners and educators. Although

¹⁸ A form of physical punishment that may include caning, spanking or whipping.

acts of violence are not exclusive to one sex, adolescent boys have frequently been the subject of interest in this area; as perpetrators and victims of peer victimisation within a schooling context (Hamlall & Morrell, 2012; Kimmel & Mahler, 2003; Stoudt, 2006; Tucker & Govender, 2016). The frequency with which incidents of bullying emerge is also due to the role of technology and cell phone recordings, where videos of these offenses are made available via social media platforms. In South Africa in 2013, video footage emerged of a Grade 8 boy assaulting a teacher with a chair and a broom, while fellow classmates are heard laughing and encouraging the abuse (Ngobeni, 2013). The video achieved internet notoriety provoking outrage about the decline in respect among youth, and activating debate around child autonomy and the limitations on disciplinary practices within schools.

Considering the realities and difficulties experienced by young people, and the individuals who teach them, it is important to note that schools are well-placed to not just address academic issues but to support and foster physical and psychosocial well-being (South African Development Community, 2012; World Health Organization, 2007).

3.4.3. Sites of Care: Integrated Learner Support Services

The South African Department of Basic Education (DBE) has developed and implemented a number of policies, responses, and initiatives to address the challenges facing learners. The *Integrated School Health Policy (ISHP)* (Department of Health [DoH] and Department of Basic Education [DBE], 2012), in accordance with the *Care and Support for Teaching and Learning (CTSL)* framework (SADC, 2012), aims to develop schools as sites of holistic care, where young people may be supported in accessing essential health and social services. For primary and secondary schooling this may entail on-site visits or referral services, while Foundation Phase learners (Grades R-3) receive basic screening for vision, speech, hearing, coordination, and nutrition. Also included in this approach is recommendations for assessments of mental health or psychosocial risk (DoH and DBE, 2012), which may have implications for the initial identification of ADHD-related symptoms. However, the detail provided in the policy at this stage is rather vague and in need of further development as to the mental health issues prioritised and the required means of assessment.

At present, the DBE utilises Education Management Information Systems (EMIS) to request and retain statistical data from schools. Part of the mandate of Branch P (Planning, Information, and Assessments) within this system is to obtain information from schools regarding the known physical and psychosocial issues of learners, like orphan status, disabilities and children in possession of grants (Department of Basic Education [DBE],

2014). Identification of these issues at a school-level may have implications for facilitated learning opportunities and concessions for class activities and examinations, like extra time allocations (Hjörne & Säljö, 2013). As such, schools, families and medical practitioners may be embroiled in a politics of reporting and ‘upcoding’ diagnoses (Kriegler, 2015) in order to secure intervention and support.

As of 2012, the DBE has also invested in a nation-wide monitoring of scholastic performance through the staggered roll-out of the Annual National Assessments (ANAs), which aim to assess literacy and numeracy within the Foundation Phase (Grades 1 to 3) and languages and mathematics in the Intermediate Phase (Grades 4 to 6) and Grade 9. While the ANAs are proposed as a developmental tool to assist with identification, concerns had been raised that repeated administrations do not provide enough time for effective remediation, and that the underlying pressure to produce good results, as a measure of teaching performance, resulted in some educators unfairly advantaging students during test performance (Jansen, Vilette, & Fredericks, 2015).

The goals of the ISHP and ANAs in identifying learners ‘at-risk’ is aligned with the recently approved policy on *Screening, Identification, Assessment and Support (SIAS)* (DBE, 2014b). SIAS was developed to support the principles of inclusive education, and to standardise the ways in which learners that require additional support are identified and assisted in supporting their inclusion and school participation. However, inclusive education is a somewhat controversial issue in educational practice within South Africa, as detailed in the following discussion point.

3.4.4. Sites of Inclusion: Implementing White Paper 6

In the post-1994 educational space, a new vision was set forth in educational practice that would be aligned with the broader national mandate for social justice. The issuing of *The White Paper of 1995* (White Paper 1) signaled a paradigm shift in learning needs, to move from purely biomedical understandings of deficit located within the individual, towards a consideration of differences operating at a social level (Engelbrecht, Nel, Smit, & van Deventer, 2016; Kriegler, 2015). However, it was the dissemination of *White Paper 6* by the Department of Education (2001) that is widely known as the call towards implementation of an inclusive educational system where there is greater awareness of and tolerance of learner diversity, as well as critical reflection on the ways in which teaching approaches may be tailored to address the specific learning needs of all learners.

Historically, a system of dual education was forged in South Africa in which *Learners with Special Education Needs* (LSEN), those experiencing physical disabilities, specific learning disorders, and more severe cognitive impairment, were placed in separate educational facilities aside from Mainstream education (Soudien & Baxen, 2006). Recommendations emanating from White Paper 6 (DoE, 2001) did not dismantle this practice, but called for differing levels of integration in relation to support needs, by including full service schools¹⁹ and greater accommodations in terms of measuring child progress within the Mainstream classroom (Engelbrecht et al., 2016; Soudien & Baxen, 2006). The trend towards parallel or dual learning persists in South Africa today, with the development of specialist, tailored educational facilities that offer full-term or short-term services (although there remains a severe shortage in this regard).

The primary aim of short-term remedial education in South Africa, where enrollment does not typically exceed three years, is to re-instate the abilities of young people so that they may re-join Mainstream education. However the semantics underpinning the term ‘remedial’, which is derived from the Latin word *remedialis* meaning “healing” or “curing”, tend to imply that there is some intrinsic deficit or incompetence on the part of the individual that needs to be fixed or treated (Hjörne & Säljö, 2013; Parker, Bustillos, & Behringer, 2010). Alternate potentially less-pathologising names have proposed for this education in the form of ‘developmental’ or ‘compensatory’ (Parker et al. 2010). While in South Africa, many schools have also adopted more strengths-based terminology by naming their Remedial programmes as ‘learner support units’ or ‘bridging classes’.

In practice, more than 12.3 million youth and roughly 380 000 educators attended public schools in South Africa in the 2016 year, representing a teaching ratio of roughly 32 learners per educator (DBE, 2016). While many educators and schools are in favour of the inclusive philosophy, the promise of this approach has been met with some resistance due to the practical skills and resources required to effectively manage diverse learner needs, particularly in large classes, and also where there is a perceived lack of departmental support and miscommunication in exercising these policies (Engelbrecht et al., 2016). Soudien and Baxen (2006) recommend further engagement with the foundational ideologies of these inclusive education policies which appear to remain invested in “assimilating disabled people

¹⁹ Mainstream educational facilities that are equipped (physically, materially, professionally) to cater for moderate learner support needs.

– through mainstreaming and integration – into a dominant order that itself is not set up for critique” (p. 161).

3.4. Separating the Boys from the Men

Interest in the field of masculinity studies within South Africa burgeoned in the early 1990’s, primarily due to pioneers like Robert Morrell (1994; 1998; 2001a/b), who drew attention to the ‘crisis of masculinity’, and the growing insecurities experienced by men in a changing world. Since this time, multiple texts have been produced in relation to men and masculinities within an African context, including *Changing men in Southern Africa* (Morrell, 2001b), *Men behaving differently* (Reid & Walker, 2005), *Baba? Men and Fatherhood in South Africa* (Richter & Morrell, 2006), and more recently, *From Boys to Men: Social Constructions of Masculinity in Contemporary Society* (Shefer, Ratele, Strebel, Shabalala, & Buikema, 2007). The social sector has also witnessed the rise of non-governmental agencies like *Sonke Gender Justice*, who have adopted an inclusive approach to gender by promoting men’s rights and engaging men and boys for social transformation (www.genderjustice.org.za).

The global South has been the main contributor to knowledge production around masculinities, particularly at the interface of health and sexuality where these needs are prioritised (Shefer, Kruger, & Schepers, 2015). In South Africa, the dominant trend in this literature has been a focus on ‘problematic’ men and boys, in reference to criminal conduct and gender-based violence (Boonzaier & de la Rey, 2004; Cooper & Foster, 2008; Gibbs, Sikweyiya, & Jewkes, 2014; Jewkes, Nduna, Jama Shai, & Dunkle, 2012), and bullying and conflict within schools (Hamlall & Morrell, 2012; Kimmel & Mahler, 2003; Stoudt, 2006; Tucker & Govender, 2016), among other health-related risk behaviours. It is the unique sociopolitical history of South Africa that makes for a fertile landscape to address issues of power, equality and social justice. It is also important, however, to consider the impact of global messaging around labour and economics, and the implications in terms of desired working values.

3.4.1. Working Values

Traditional discourses regarding men and work have tended to align privilege and success with hard-work, dedication, competitiveness, and personal sacrifice (Seidler, 1994); values that have been espoused in masculinities literature cross-culturally. In Japan, the ‘salaryman’ (*sarariman*) is a familiar cultural trope and ideal for the ‘family breadwinner’, where “men are expected to be not only productive in the workforce but also reproductive in the sense of

starting and financially supporting a family” (Charlebois, 2013, p. 92). Kiesling (2006), in what is arguably a reference to the quintessential American Dream, also suggests that for men, it is the success achieved through hard work that is more highly regarded than any privilege or power that is inherited.

As a leader in the field of masculinities theory, Connell (1998) proposed the *transnational business masculinity* as the ideal for a contemporary world driven by technology and globalised institutions. The transnational business masculinity epitomises self-reliance and personal responsibility while gaining power through economic influence and control of the markets (Connell, 1998). However there have been challenges to the legitimisation of this singular masculinity ‘type’ on a global scale (Beasley, 2008); challenges which Connell (2008) herself, has acknowledged.

Aside from values of productivity, it is argued that the Industrial Revolution has also contributed towards bonding masculinity to the principles of rationality, reason, and self-control (Seidler, 1994). Remnants of these ideals continue to emerge in the public sphere in support of the measured, orderly and logical man while constructing femininity as unpredictable and driven by emotion. These cartesian dualities within Western thinking tend to play out in a distinction between a rational and reasonable man driven by knowledge (focus on the mind), and an emotional and irrational woman in possession of experience (focus on the body) (Robertson, 2006a). Contemporary theorisations have considered how these distinctions have limited men’s connection with their inner emotionality and self-expression (Frosh, 2002; Seidler, 1994), resulting in negative consequences for health management and help-seeking practices (Robertson, 2006a).

The focus in this study is on young boys attending school and is therefore removed from the world of formal work. However, these masculine scripts continue to influence boys in their spaces of productivity. The following discussion explores the dominant rhetoric that is generated around boys, their schooling desires, and academic achievement.

3.4.2. ‘Failing Boys’?

The turn towards boys in issues of gender equity arose in the mid-1990s in response to the emerging moral panic that boys were not performing academically at the same level as their female peers (Epstein, Elwood, Hey, & Maw, 1998; Weaver-Hightower, 2003). Keddie (as cited in Chu et al. 2009) identifies three dominant discourses that provide explanatory frameworks for this perceived discrepancy. “Poor boys” were victims to ‘feminised’ education which included the over-representation of female educators and the reliance on

‘feminine’ learning areas and teaching approaches, whereas the rhetoric of “failing schools, failing boys” directed blame at the inadequacies of outcomes-focused school curricula (Epstein et al., 1998). The “boys will be boys” discourse, on the other hand, served to construct boys as ‘naturally’ ill-suited to the rigid expectations of a schooling environment.

Suggestions have been made to reinstate boys, as a whole, on the education agenda, and to re-masculinise educational practice through the development and promotion of ‘boy friendly’ teaching strategies like single-sex classrooms and increased employment of male teachers (Epstein et al., 1998). However, criticisms have been generated around a simplistic uptake of messaging regarding ‘disadvantaged boys’ that homogenise boy experience and over-emphasises gender differences to the exclusion of significant racial, ethnic and class issues (Francis & Skelton, 2005). Overall, these systems of meaning have tended to promote a restrictive view of boys’ potentials within formal education systems, and have greatly dislocated accountability (Francis & Skelton, 2005).

It is argued that the current ‘standards-oriented’ culture of schooling has shifted discourses around boys’ under-achievement, to one of ‘at-risk’ or ‘problem boy’ (Francis & Skelton, 2005; Frosh, Phoenix, & Pattman, 2003). Although it is arguably difficult to tease these discourses apart, the former tends to medicalise difficulties and position boys sympathetically as victims in need of support, while the latter tends to construct an image of deviance and threat. ADHD stands at the centre of these debates by promoting dialogue around issues of academic productivity and behavioural disturbance. The ‘disruptive behaviour hypothesis’ suggests that boys are more likely to be referred for diagnosis and management because of the presentation of externalising behaviours that impact others (Gaub & Carlson, 1997), although this finding has not been consistently observed across studies (Ohan & Visser, 2009). In Bailey’s (2013) ethnography, formal ADHD diagnoses and medications rendered children ‘at-risk’ resulting in concessions to be made about their behaviour, which ultimately enabled further opportunities for their dominance and disruption.

Adolescent boys are not a homogenous group and there are subtle differences in the representation of risk and responsibility at the interface of social identifiers like race. For example, Black boys are often devalued social subjects, where their experiences are seldom recognised as separate from adult men and the perception of an ‘inherently violent’ Black culture (Dumas & Nelson, 2006). Tragedies like the Columbine and Sandy Hook Elementary school shootings turned the spotlight on the dangerous White, suburban middle-class boy (Kimmel & Mahler, 2003). However, rather than understanding this deviance as a response

to social structures, a narrative is constructed and reinforced regarding individual pathology and psychological disturbance.

Furthermore, there has been a tendency in the sociology of education to focus on boys' resistance to schooling, rather than issues of school conformity and conscious, applied effort (Delamont, 2000). Studies that have documented school resistance, often refer to the feminisation of academic success and the categorisations of social hierarchies, including Willis's (1977) 'lads' and 'ear'oles'; Connell's (1989) 'cool boys', 'swots' and 'wimps'; Mac an Ghail's (1994) 'Macho Lads', 'Real Englishmen' and 'Academic Achievers', Martino's (1999) 'Cool boys', 'party animals', 'squids' and 'poofers', and in more recent work, Barnes (2012) recognition of the class 'suck', the comedian and henchmen. However, contemporary research has challenged simplistic categorisations to reveal the ways in which boys negotiate their academic performance in more complex ways (see Lyng, 2009; Walker, 2014 and the discussion of *Beta boys*; Ward, 2015). The status of intellect has also been elevated in recent times through the success of television programmes like *The Big Bang Theory* and the growth of 'geek chic' (Mendick & Francis, 2012).

3.4.3. Treading the Margins: Disabled Masculinities

Disability is often regarded as a threat to productivity in various spheres of life (Marks, 1999). In the case of disabled men and boys, disability is argued to be a marker of difference or 'other' against which men redefine their understandings of masculinity (Barrett, 2014). Gerschick (1998) proposes five areas where these tensions are most evident among men, namely independence, sexuality, embodiment, access to the labour market, and sport. While men with disabilities may not be fully excluded from masculine privilege, limits may arise through gender mechanisms that render disability as weakness and dependence – a tension that Shuttleworth and colleagues' (2012) refer to as the "dilemma of disabled masculinity" (p. 175).

Existing research around masculinity and disability has focused largely on acquired physical impairment, by exploring the narratives of men who have experienced a disruption to their embodied self, most notably men with spinal cord injuries (Gerschick & Miller, 2000; Kleiber & Hutchinson, 1999; Lindemann, 2010; Ostrander, 2008; Sparkes & Smith, 2002). Gerschick and Miller's (2000) formative study provided valuable insight into three potential ways that men with physical impairments construct their masculinities in relation to hegemonic ideals. Their findings showed that men who demonstrated a strong 'reliance' on and acceptance of fictionalised masculine ideals were more likely to internalise their

shortcomings, leading to feelings of inadequacy and over-compensative behaviours. These same men were complicit in reinforcing a patriarchal gender orders and social hierarchies that problematised their position as men with disabilities. Alternatively, some men acknowledged normative masculine ideals but showed an attempt to ‘reformulate’ their masculinities in line with the specific resources consistent with their situation, while those who ‘rejected’ the hegemonic ideals in favour of alternate masculinities showed the greatest positive adjustment.

Barrett (2014) extends these interpretations by drawing attention to the potential ‘generativity’ of disability, in suggesting the “possibility, in particular spatial contexts and historical moments, of disability contributing towards a sense of masculinity, rather than inevitably detracting from it” (p. 48). Another interesting response is the enactment of a ‘heroic masculinity’ (Kleiber & Hutchinson, 1999). In this way, success is viewed as a completion of tasks that many able-bodied men may find challenging; a powerful signification for men who won the battle against limitations. “In this masculinized process of rehabilitation, (the) body is framed as more competent and, therefore, less disabled” (Lindemann, 2010, p. 31). The limitation of this heroic masculinity, however, is that it not only creates an unrealistic ideal for individuals but it limits the transformative narratives of disability by aligning success with a restitution model of fixing faulty bodies (Kleiber & Hutchinson, 1999).

The late comedian and disability activist Stella Young issued a similar caution in her 2014 TEDxSydney Talk, about the ways in which society construct and experience disabled people as objects of inspiration (Young, 2014). She refers to this discourse as “inspiration porn”, whereby people with disabilities are regarded as ‘exceptional’ purely because of their ability to live with an impairment. While it seems admirable to recognise success in the face of real everyday challenges, the implicit meaning is that people with disabilities are not recognised as real people; they are objects of inspiration that enable able-bodied individuals to feel better about themselves.

Shuttleworth et al. (2012) expressed concern over the tendency to homogenise disabilities as a universal experience and called for an investment in understanding masculinities within various contexts of disabilities like degenerative, congenital, cognitive, or early-onset. These distinctions are considered important, as the origin and course of impairment may be embedded with particular cultural meanings that may mediate perceptions of risk and success; which is particularly significant for an ‘invisible’ disability like ADHD. Evidence of the growing diversification in this masculinity and disability literature has emerged through studies involving visually impaired young men (Joseph &

Lindegger, 2007), Muscular Dystrophy (Gibson, Young, Upshur, & McKeever, 2007), Cerebral Palsy (Gaskin, Anderson, & Morris, 2012; Sandstrom, 2007; Shuttleworth, 2000) and recent scholarship focusing on intellectual disability (Charnock, 2013; Wilson, Parmenter, Stancliffe, & Shuttleworth, 2013).

Reference to ADHD and masculinities has tended to arise in the context of arguments surrounding the ‘medicalisation of masculinity’ (Hart, Grand, & Riley, 2006; Timimi, 2011; Wentzell, 2008). The term ‘medicalisation’, promoted by Conrad and Schneider (1992), refers to a phenomenon in which non-medical problems are treated as illnesses. This logic echoes the work of Thomas Szasz (1960), a major proponent of the anti-psychiatry movement, who proposed that mental illness is not a disease but a way to label and manage non-conforming individuals. In the case of ADHD, concerns have been issued that biomedical categories and related practices of medical management are used to legitimise the regulation of ‘excessive maleness’. In other words, disability is centred in young boys’ non-conformity to ideals of the scholarly and compliant child. This ‘excess’, as Barrett (2014) argues, provides an interesting contestation to the perceived feminisation of disability, which is often at the heart of the dilemma of disabled masculinity.

3.5. Concluding Remarks

The historical overviews of schooling and the world of work, as presented throughout the chapter, provide insight into how the values ascribed to young people have shifted over time, affording different opportunities and newer restrictions. Young boys of today face elevated academic expectations and alternate disciplinary practices or medical forms of regulation that differ from previous generations, where expressions of free will may have been tamed through physical forms of discipline. In South Africa, tensions arise between the hierarchies and power struggles enacted through school violence, bullying, and educational protest; and the egalitarian values of inclusivity and learner support that are espoused through current legislative practice. These conflicts set the stage for powerful dilemmas around risk and responsibility, where educators are carving out different positionalities around narratives of care and discipline, while youth are negotiating their place as compliant subjects and empowered social actors.

Chapter Four: Discursive Constructions of Health, Stigma, and Risk

4.1. Introduction

The purpose of Chapter Three was to contextualise the social and educational dynamics that young people are facing in a South African context. The chapter traced significant issues in relation to the field of masculinity studies and concluded with a brief discussion on disabled masculinities, in highlighting the heterogeneity of impairments and the impact this may have on self-understandings. In this chapter, the diagnosis of ADHD is revisited to understand dominant discourses at play, and the relationship to broader issues of stigma, risk, and psychopathologisation.

4.2. Health, Illness and the Socio-cultural view of Risk

Radley and Billig (1996) suggest that talk about health and illness “articulate a person’s situation in the world and, indeed, articulate that world, in which the individual will be held accountable to others” (p. 221). Health and illness represent more than merely the presence or absence of a physical ailment – they are ideological constructs that assert and naturalise a range of meanings around difference (Billig, 1988; Radley & Billig, 1996). In other words, individuals present and construct varying accounts of their health for different purposes.

The prevailing moral imperative is that individuals should be healthy and that illness is undesirable as it represents a deviation from the norm. Subsequently, individuals should take proactive steps to remain healthy and address their ill health as it arises (McKinlay & McVittie, 2011). Beck (1992) argued that the advent of modernisation and the transformation of social relations played a key role in the drive towards individualism and human agency. Implicit in this agency is a greater freedom to choose, which paradoxically, increases responsibility for making choices that minimise risk. Individuals who fail to uphold these expectations are at risk of social judgment. However, perspectives on risk are relational and open to change across different spaces and group memberships (Lupton, 1999). In this way, not all experiences of ill-health are held to the same standard, as demonstrated through a comparison of Motor Neurone Disease (also known as Amyotrophic lateral sclerosis, ALS), and HIV and AIDS.

ALS tends to yield greater public sympathy and support because it is an unpredictable medical condition that is devoid of any specific predisposing risk factors. ALS is not

preventable, and as of now, no cure has been found. The profile of the condition has also been positively elevated in recent times through fundraising campaigns like the 2014 'Ice Bucket Challenge' and diagnoses of public figures like Lou Gehrig, the baseball player; Stephen Hawking, famed physicist; and Joost van der Westhuizen, ex-Springbok rugby player. For diagnoses like HIV and AIDS, on the other hand, stigma is activated through moralistic critiques based on perceptions of irresponsible and risky behaviour (Joffe, 1999). These mechanisms of stigma work to align HIV risk with other social identifiers ('gay', 'Black', 'poor'), in order to project blame to the Other, and maintain a sense of safety and personal integrity (Joffe, 1999).

4.3. The Dimensions of Stigma

Stigma is not exclusively associated with mental health; however a wealth of literature has been published in this domain, which includes a focus on the stigmatisation of ADHD (Lebowitz, 2016; Martin et al., 2007; McKeague, Hennessy, O'Driscoll, & Heary, 2015; Mueller et al. 2012; Walker et al., 2008). Seminal work in the area of stigma has been attributed to Erving Goffman's (1963) publication: *Stigma: Notes on the Management of Spoiled Identity*, as well as Thomas Scheff's (1974) development of Labelling Theory.

Drawing primarily on Goffman's (1963) definition, stigma is conceptualised as degradation or discrediting of an individual or group owing to some actual or inferred attribute. Stigma is a complex construct that aligns with discussions of negative stereotypes, devaluation, and discrimination (Mukolo et al., 2010). It incorporates not only a one-directional expression of devaluation or prejudice by an external other but an internalised sense of shame and guilt involving an awareness of and an agreement with negative stereotypes that are then applied to the self (Corrigan, Larson, & Rusch, 2009; Hinshaw, 2005). Goffman (1963) used the term 'spoiled identity' to refer to the individual's experience of stigma and the processes of identity management.

Stigma is not a singular phenomenon but is contextual, relational and enacted within social interaction (Goffman, 1963). Hinshaw (2005) identified four dimensions of stigmatisation that shape the evaluation of the condition, including issues of concealability, chronicity, controllability, and threat. These elements are not mutually exclusive categories but rather implicated in a web of meanings that are brought to bear in making sense of experience. By applying these understandings in the field of mental health, specifically

ADHD, attention is drawn to the potential barriers and threats that the child, family, and school encounter in affirming and managing the diagnosis with sensitivity.

4.3.1. Concealability

While some aspects of an individual's 'self'²⁰ are perceived as visible, like sex or race, there may also be aspects of the 'self' that are regarded as hidden – those that only emerge or are identifiable in certain contexts. In the case of ADHD, as with most mental health diagnoses, it is an absence of biological markers or physical features that would render a condition somewhat invisible and shielded from critique. However, mental health stigmatisation can occur without a formal disclosure (Quinn & Earnshaw, 2013).

The majority of today's mental health encounters, whether in the private or public sector, are rooted in outpatient consultation. This arrangement differs largely from the history of institutionalisation that aimed to separate and confine those deemed 'mad', 'deviant' or cognitively challenged (Foucault, 2006). It was through these mechanisms of confinement that the physical structure of the asylum came to reify particular meanings about pathology that supported the 'othering' and stigmatisation of the mentally ill. Harwood (2010), drawing on Foucault's (2006) discussion of clinics and 'tokens of knowledge', offers the concept of a 'mobile asylum' to explain the ways in which psychiatric power has become decentralised in modern times, yet still able to exert influence. If one was to view ADHD on a continuum of concealability, it may be suggested that the predominantly inattentive 'types of ADHD' remain more 'hidden' than hyperactive and impulsive behavioural presentations, leading to less direct stigmatisation, and also possibly less intervention opportunity.

Quinn and Earnshaw (2013) also consider the salience or frequency with which a person thinks about their concealed condition and the subsequent implication for stigma. In the case of ADHD, children face unavoidable reminders of their diagnosis through the mechanism of doctor's appointments and the regular administration of medication, which often happens in a school context. As Harwood (2010) notes, the way in which people are "subjected to the truth and power of psychopathology" through 'psychopathologisation', extends beyond a diagnostic label to include the broader dialogue and practices surrounding the initial assessment and investigation of a potential condition, and the resultant management strategies (p. 438).

²⁰ The notion of a singular self is problematised throughout the study.

4.3.2. *Chronicity*

The perceived duration of the mental health diagnosis may also play a role in potential stigmatisation, with chronic long-lasting diagnoses subject to greater critique. ADHD has traditionally been positioned as a ‘disorder of childhood’, with onset prior to 7 years of age. Although there was no explicit account of an ADHD diagnosis being ‘resolved’ at a particular developmental stage, evidence suggests that the level of impairment, particularly in the case of hyperactivity, may wane as youth age (APA, 2013). Recent revisions within the DSM-V have widened the age range for onset of ADHD symptoms to 12 years of age and have created space for the profile of ‘adult ADHD’ (APA, 2013), thereby legitimising the diagnosis for various individuals who may otherwise have been excluded, while also extending the treatment map. Furthermore, biological discourses that support genetic vulnerabilities tend to reinforce a deterministic pattern of disease.

4.3.3. *Controllability*

Perception of controllability is another key feature that impacts the level of compassion or critique generated around mental health diagnoses (Hinshaw, 2005). Western societies tend to defer to a mind/body dualism that draws distinctions between an outer physical embodied self and the interior elements of the mind. Although previous arguments in Chapter Four have suggested that these divisions may accord more status to the mind as the knowledge centre (masculine); in terms of healthcare, organic deficits that can be observed in the body are assigned more credibility than conditions that exist in the relatively ‘invisible space’ of the mind (Ungar & Knaak, 2013). The consequence, therefore, is that psychological distress, experienced at the level of the mind, is not a legitimate concern but products of poor self-regulation and control. Rüsch, Angermeyer, and Corrigan (2005) shared this sentiment in stating that individuals suffering from a mental illness were more likely to be stigmatised and held accountable for their ill-health, than those with a physical illness.

ADHD affords an interesting interpretation of the mind/body dualism, as located within the broader discourse of child development. In the first instance, ADHD blurs mind/body distinctions, as symptoms are problematised at the level of the mind through attentional difficulties and also, in some cases, through the hyperactive expressions at the level of the body. Secondly, ageist constructions of childhood render children as more cognitively immature and less emotionally regulated than their adult counterparts, thereby further dislocating the child’s intrinsic capacity for self-control and deflecting responsibility onto medical forms of intervention and adult control.

4.3.4. Threat

Although health may be viewed as a personal, subjective experience, it may also have repercussions at an interpersonal and societal level. One of the key dimensions of stigmatisation identified by Hinshaw (2005) and others (Lebowitz, 2016; Martin, et al., 2007; Mueller, et al., 2012; and Walker et al., 2008) is the perceived threat and danger relating to mental ill health. This ‘risk rhetoric’ is not new to explorations within the field of ADHD. Frigerio et al. (2013) recount the ways in which mental health practitioners, educators, and caregivers, position children diagnosed with ADHD as risky and/or at-risk. In Exley’s (2005) research, young boys diagnosed with ADHD reproduced accounts in which children living with ADHD were seen to be problematic, diseased, likely to be excluded from social activities and in need of medication to resume normal childhood behaviour.

At the interface of this issue, is the relative ‘visibility’ of ADHD. As discussed in Chapter Three, children with ADHD who present with externalising behaviours, the characteristic hyperactive-impulsive presentation, are more likely to be referred for diagnosis and management because of the disruption experienced by others, while children with a dominant inattentive presentation, pose a less immediate threat (Gaub & Carlson, 1997).

4.4. Responding to Stigma

The tendency to view a stigmatised individual or group as oppressed and lacking agency is a re-stigmatising practice. Goffman has been criticised for ignoring the socio-structural mechanisms underpinning stigmatisation and for focusing too strictly on the stigmatised as subject to the practices of others (Link & Phelan, 2001). As Howarth (2006) suggests, “stigma is as much about the resistance of identities as the reduction of identities; it is a dialectical process of contestation and creativity that is simultaneously anchored in and limited by the structures of history, economics and power” (p .449). While individuals may internalise stigmatised positionings that yield self-doubt and shame, they may also engage in an active distancing from or reframing of the static stigmatised identity. As such, it is argued that standing on the margins of normative social expectations open up possibilities for accepting, resisting or reframing subjectivities.

Goffman (1963) offered three ways in which individuals may negotiate the personal effects of stigma. *Minstrelization* involves a deliberate over-exaggeration of perceived stereotypes to highlight the difference between the dominant and stigmatised group. Members of the stigmatised group acknowledge the inauthenticity of this over-exaggeration, yet derive power from the possession of this knowledge over the misled dominant group. For

example, gay men may choose to overstate a camp dress or conversational style to uphold the stereotype of a flamboyant gay culture. As opposed to minstrelization, individuals who apply *Normification*²¹ attempt to decrease the perception of difference and call for greater equality by highlighting similarities. Individuals accept the expectations of the dominant group and desire a greater inclusivity. The third position entitled *Militant Chauvinism* is a more reactive approach to stigma in which the stigmatised group actively promotes the differences of the group identity as a means to highlight the relative strength and superiority.

Individuals dealing with ‘invisible disabilities’ like Chronic Fatigue Syndrome (CFS), often face a culture of skepticism, where their condition is routinely dismissed as psychosomatic (McKinlay & McVittie, 2011). In response, individuals may adopt a denialist stance by actively challenging the skepticism and reasserting the legitimacy of the condition as a medical mystery. An alternate position may be to embrace the cynicism by drawing distinctions between individuals as ‘real’ CFS sufferers and those that are ‘faking’ (McKinlay & McVittie, 2011). These strategies resonate with Thoits’ (2011) work, where individuals directly challenge or deflect negative stereotypes regarding their diagnosis.

4.5. Discourses of ADHD

Foucault’s *History of Madness* (2006), documents the ways in which ‘madness’ has been culturally shaped and reformulated across the ages. During the Renaissance period, madness was imbued with a sense of mystery and wisdom, as represented by the realm of clairvoyance and prediction. This value shifted considerably during the dawn of the Age of Reason, introducing heightened concerns for self-management and risk that included the confinement of the socially deviant, and the institutionalisation of those deemed morally degenerate (Foucault, 2006). In contemporary times, the stigmatisation of madness persists, however, a greater focus is placed on biomedical explanatory models and biological vulnerabilities.

In terms of ADHD, diagnostic terminology has also shifted over time (as discussed in Chapter One), revealing multiple differing evaluations of normative child behaviour (Conrad & Barker, 2010). The following paragraphs draw attention to three dominant discourses that have emerged in the storying of ADHD; and how these discourses have been implicated in the management of; and responsibility for ADHD.

²¹ Not to be confused with Normalisation, which is when non-stigmatised people attempt to minimise the stigma of others (Goffman, 1963)

4.5.1 Deviance and Disordered Morality

It was through the expanse of psychology and the growth of child developmental theories in the 1900s that greater emphasis was placed on the nurturing home environment and the quality of caregiving relations that were required to develop fully functioning children. Through this lens, behaviours characterising ADHD were viewed as a by-product of parental weakness and deficient discipline or willpower, thereby introducing a culture of parental blame that directly impacted parents' willingness to access support services for their child (Hinshaw, 2005). As noted in Chapter One, parental blame is a powerful mechanism that is enlivened during the dilemma of medicating children (Davis, 2006; Gray Brunton et al., 2014; Harborne et al., 2004). Mukolo et al. (2010) acknowledge this dynamic today, where "the traditional tendency to blame child misconduct on poor parenting, compounded by vulnerability of children (including insufficient legal protections) and the role of family caregivers in help-seeking, places children and their families under unique stigmatizing contexts, most of which have not been adequately studied" (p. 96).

Aside from issues of parental blame, the notion of inherently 'bad kids' is an uncomfortable reality; one that challenges the contemporary 'sacralisation' of children and childhood compliance (Kehly, 2004; Zelizer, 1985). Although there may be shared opinion around certain actions and crimes that are deviant, deviance itself is not a set phenomenon but is judged in relation to societal norms, which are open to change across time and place (Bosk, 2013). An earlier discussion of 'medicalisation' (Conrad & Schneider, 1992), in Chapter Three, refers to how particular problematic conduct that was once deemed deviant is now treated as an illness. Hart and colleagues (2006) consider how the certain societal changes like the elevation of children's rights, the criminalisation of physical punishment, and new ideologies around children and childcare have contributed towards the diagnosis and medication of ADHD in the UK, as a way to manage undesirable behaviour.

Medicalisation is often viewed as a stable and dominant paradigm that overrides alternate frameworks of meaning. However, medicalisation is also open to change through the demedicalisation and remedicalisation of conditions (Conrad, 2007). A common example in this regard is the circular interpretations of homosexuality, which have spanned claims of mental illness, personal choice, and most recently a search for genetic markers. Historically, ADHD has shared a close relationship with other mental health conditions relating to socially undesirable behaviour, particularly in regards diagnostic comorbidity with Conduct Disorder and Oppositional Defiant Disorder. However, through recent revisions in the DSM-V, ADHD has, for the first time, been separated from the cluster of "Disruptive, Impulse-

Control, and Conduct Disorders” (APA, 2013), in order to be positioned as a neurodevelopmental disorder.

4.5.2 Diseased Biology and Dysfunctional Brains

The psycho-medical discourse dominates the way in which ADHD is theorised, researched and managed, drawing attention to the role of genetics, physiology, and neurological biochemistry, as factors underpinning aetiology. In the last thirty years the medical model of ADHD has dominated, shifting focus from a perceived moral deficit or poor parenting towards biological factors; as well as shifting responsibility in schools from the discipline meted out at the Principal’s office, to the healthcare practitioner and the distribution of psychotropic drugs (Bosk, 2013). Proponents of the medical model describe ADHD as a neuro-disorder (neuropsychiatric, neurobehavioural, neurodevelopmental) that has its onset in childhood (Cortese, 2012). Leading researcher, Barkley (1998) refers to ADHD as a “developmental failure in the brain circuitry that underlies inhibition and self-control” (p. 67).

Locating the source of difficulty within the body ascribes a greater level of legitimacy for ADHD as a ‘real’ diagnosis and normalises the use of pharmacological management. This understanding also minimises the issue of deliberate intent, bringing with it a potentially more sympathetic approach to undesirable child behaviour and parenting strategies (Conrad & Schneider, 1992). In a systematic review of ADHD studies involving parental interviews, it was found that most researchers subscribed to the medical model and offered conclusions that supported the need to encourage parents to adopt medication strategies (Pajo & Cohen, 2013). However, the medical model alone is argued to provide a narrow lens through which to frame the experience of ADHD. Prosser (2008) states in his opening argument that “if only medical questions are asked, only medical answers will be found, resulting in more or less drug treatment” (p. 81).

Previous research has suggested that adherence to a biological explanation may create further anxieties and blame, particularly when biomedical understandings that prioritise the role of genetics, may create an additional stigma for the family system as the ‘carriers’ of a defunct gene (Phelan, 2002). A disease model of mental health also promotes a greater chronicity of conditions and long-term consequences, lending support to the theory of adult ADHD and the need for early intervention. Practitioners operating from the medical model formulate a picture of the ‘hazardous’ ADHD child who expresses higher risk-taking intentions and poorer recognition of behavioural consequences (Bruce, Ungar, &

Waschbusch, 2009). Beyond childhood, ADHD is associated with other adverse outcomes like occupational underachievement and conduct problems, all of which place profound costs on the economy over time (Sharkey & Fitzgerald, 2007).

Medical diagnostic practice is also accused of providing a more prescriptive view of ‘normal’ child development. According to Bosk (2013), “when a child's behavior does not improve ‘on schedule’, it is rarely the appropriateness of the treatment or the skill of the clinician that are questioned; it is the nature of the child” (p. 1217). Therefore, if medicalised discourses and the associated treatments are deemed ineffective in promoting change, discourses of ‘badness’ may be resurrected for the child. In this way, discourses of ‘badness’ and ‘sickness’ remain intertwined through ‘partial medicalisation’, with serious implications for understanding troubling youth and the interventions proposed (Bosk, 2013). Further adaptations of the medical model include the rationalisation of ADHD as a scholastic disorder; resulting in selective medicating for events like sports and routine ‘drug holidays’ (Cohen & Morley, 2009; Regnart, McCartney & Truter, 2014).

4.5.3 ADHD Different: The Evolutionary Advantage

An alternate counter-discourse that moves away from the view of ADHD as deficit, considers the potential positive traits related to an ADHD diagnosis. A school of thought which seemed to gain prominence in the 1990s was the consideration that ADHD may be an expression of human adaptation, in that it holds survival value (Hartmann, 1993; Jensen et al., 1997; Shelley-Tremblay & Rosen, 1996). From this perspective, which is rooted in anthropological thought and evolutionary biology, there is a relationship between ever-evolving biological systems and an ever-changing environment. Emotions and behaviours are therefore interpreted as adaptive responses by the individual to the environment in which they find themselves.

Hartmann (1993) offered an anecdotal distinction between ADHD ‘hunters’ and non-ADHD ‘farmers’, while Shelley-Tremblay and Rosen (1996) referred to three theories of ADHD adaptation in the typologies of the hunter, the fighter, and the wader. It was Jensen and colleagues’ (1997) who spoke to the differences between “response-ready” and “problem-solving” individuals, and the ways in which each of these profiles may contribute towards success, depending on the environment. The action-oriented profile of the “response-ready” individual (hypervigilant, rapid-scanning, quick response, high motor activity) was well-suited to survival in harsh and unsafe circumstances where resource instability was a concern. “Problem-solvers” may have struggled with situations involving immediacy of

action, yet they thrived in environments involving planning and strategic thinking (Jensen et al., 1997). In the modern world, where resource stability is markedly improved compared to the insecurities of hunting and foraging times, definitions of success relate to order and control and tend to favour the problem-solver.

In addition to this evolutionary understanding, ADHD literature makes reference to other adaptive features that may play out in the media representation of ADHD. Horton-Salway (2013) provides the examples of heroes, leaders, and inspirational thinkers; which run counter to other dominant narratives of ADHD as victims and villains. ADHD heroes are influential people or aspirational literary characters who overcome their ADHD and often succeed in a non-medicated space. Various sporting stars have been linked to an ADHD diagnosis, including most famously Olympic swimmer Michael Phelps (Barkham, 2012). A complex relationship emerges at the intersection of sporting performance, ADHD and the use of medication in limiting or enhancing potentials. In general, media representations tend to reflect a gendered bias towards the success of the boy-child and are not reflective of ordinary experience, thereby introducing unattainable standards (Horton-Salway, 2013).

Creativity is one particular trait that has been regarded as an ADHD advantage (Crammond, 1994; Shelley-Tremblay & Rosen, 1996; White & Shah, 2011). Studies have shown how young people recognise the intrapersonal and interpersonal costs of medicating for ADHD, in terms of diminished creativity and dulled personality (Bradley, 2009; Brady, 2004; Cooper & Shea, 1998; Loe & Cuttino, 2008); however, opinions are divided as to whether ADHD is in fact associated with superior creativity (Wicoxson, 2005; Williams & Taylor, 2006).

4.6. Concluding Remarks

The moral imperative for health extends beyond the individual child to caregivers and the schooling institution; involving recognition of potential stigmatising practices at various levels. Medical diagnoses provide a formal means of demarcating boundaries around health and illness. However, these categories are not neutral phenomena with universal application, but socially constructed ways of understanding that are subject to broader sociopolitical mandates. Whether the child with ADHD is positioned as ‘psychiatrically disturbed’, ‘rule breaker’, or ‘gifted’ – shifts perceptions of responsibility, legitimacy, and management. These assumptions, therefore, require interrogation across academic literature, media portrayals, and clinical practice.

PART TWO

METHODOLOGICAL CONSIDERATIONS

"Why can't you fly now, mother?"

"Because I am grown up, dearest. When people grow up they forget the way."

"Why do they forget the way?"

"Because they are no longer gay and innocent and heartless."

It is only the gay and innocent and heartless who can fly."

— J.M. Barrie (1911)

— Excerpt from the *Peter and Wendy*, novel, Chapter 17

Chapter Five

Charting the Research Process

5.1. Introduction

Chapter Five marks the start of the methodological considerations in this study. From this point, the reading of the text shifts from a broader conceptual discussion of the issues, towards an understanding of how meaning is produced within the interactional spaces of one school context. The use of qualitative research methodologies like ethnography unsettles the notion of a linear and deductive research design by inextricably weaving the data production and data analysis in the meaning-making process. The implication for researchers working within this more iterative process is the need to describe methodologies to contextualise the meaning produced.

A feminist post-structural lens challenges understanding at the level of description and asks what else there could be? However trying to balance methodological description and the deconstruction of this description challenges the coherence of arguments put forward. To manage this issue, the content of Chapter Five and Six were teased apart, with Chapter Five providing a more descriptive account of methodological decisions, as justified by previous empirical work, while Chapter Six problematises and engenders debate about the philosophical implications of these decisions, in the context of promoting particular discourses regarding the participation of children. Chapter Seven focuses on the analytic lens employed to engage with the textual material.

5.2. Critical Research Questions

- i. How do boys construct and negotiate their masculine identities in the context of an ADHD diagnosis?
- ii. What positions do boys enact across different relational contexts, i.e. the individual interview and the ADHD peer group?
- iii. How do educators construct and position boys who are diagnosed with ADHD?
- iv. What instances of ‘troubled positioning’ arise, and how are they negotiated by participants?
- v. How do these narratives de/construct discourse around ADHD and disability?

5.3. Selecting a Research Site

As opposed to a large-scale quantitative analysis involving multiple sites, the focus in this study was one school context that supported opportunities for the creation of different interactional spaces. Focusing on one school context has theoretical and practical benefits. In the case of the former, the method is aligned with the proposed analytical frame which emphasises the situated nature of meaning, and not the claim towards generalisability. Practically, a focused single-site approach enabled convenient access to participants over an extended period of time. Having previously facilitated a therapeutic outpatient group for youth in a hospital setting, it was noted that everyday barriers involving transport, finances, and caregiver obligations could hamper availability and have a detrimental effect on group interaction.

Additional considerations related to the feasibility of school selection were the identification of English as a medium of instruction and a demarcation of sites roughly within a 50-kilometre radius of the Durban Central area, due to the regular travel requirements. These criteria were deemed achievable at the proposal stage, based on the variety of schools within that geographical zone. Following these considerations, an essential part of the research process was securing a research site where issues of ADHD were acknowledged and referrals for intervention regularly took place.

Urbanisation and economic disparity have been highlighted as important considerations for understanding patterns of ADHD diagnoses. Local research reveals higher ADHD prevalence rates in urban sites as compared to rural samples (Pillay, Naidoo, & Lockhat, 1999), while international studies have shown that children from lower-income households are more likely to meet criteria for ADHD (Froehlich et al., 2007; Hjern, Weitof, Lindblad, 2010; Webb, 2013). However, children from economically secure families are often viewed as more likely to undergo medical management for the diagnosis, as compared to their economically under-resourced peers (Cohen & Morley, 2009; Froehlich et al., 2007).

In considering these research findings, it was anticipated that private schools or independent educational facilities may more readily engage in conversations about ADHD. However, a deliberate intention was made towards sampling from public schools in metropolitan areas to introduce greater diversity among potential participants in relation to race, ethnicity and socioeconomic status. Once these considerations were formulated, meetings were held with independent practitioners working in the field of ADHD, to garner opinion about potential research sites that addressed the above-mentioned

considerations. Networking with these experts was also beneficial for continuity of care, should a child need to be referred for further assessment or therapeutic intervention following participation in the study. It was during these consultations that “Riven Primary”²² was identified.

5.3.1. *Introducing Riven Primary*

As an ex-model C school²³, Riven Primary is still staffed by a predominantly White female teaching cohort and has inherited, and continues to cultivate, a variety of resources for the psychosocial and academic development of learners. However, the community in which the school is located has witnessed a steady economic decline and an increase in crime-related activities over the last twenty years, leading to a greater enrolment of economically deprived learners that have been exposed to various psychosocial stressors.

Riven Primary is identified as a full service school with three schooling divisions that cater for learners with differing needs – a combination of what may traditionally be termed as Mainstream, Remedial (short-term), and Special Education, for learners with lower cognitive functioning. Despite being located on the same school premises, each of the three educational units functions relatively independently with their own facilities and staff appointments.

The initial research proposal avoided sampling within a Remedial setting, as it was concerning that a participants’ identification with “learning disorder” would precede or blur conversations regarding a diagnosis of ADHD. In the most recently published DSM-V, ADHD and learning disorder (LD) are aligned within a banner of ‘Neurodevelopmental Disorders’ (APA, 2013), highlighting a need for further understanding regarding this relationship and comorbidity (Kriegler, 2015; Tannock, 2013). However to say that LDs create barriers to understanding ‘real ADHD’ is to subscribe to a rigid categorical view that there can be a homogenous ADHD identity. Rather, it is argued that the differing learning contexts of Remedial or Mainstream education perpetuate the development of different discourses around ADHD.

²² Pseudonym – choice of pseudonym is explained in Chapter Six

²³ Although Apartheid systems of education have been disbanded (as discussed in Chapter Three), former Model C schools tend to maintain better infrastructure and facilities than many other public schools.

5.3.2. Inside the Remedial and Mainstream Classroom

The operation of Mainstream and Remedial Units within Riven Primary differ across multiple facets. At the time of the data collection in 2013, the Mainstream Unit reflected high enrolment figures of approximately 28-30 learners per class, as compared to the Remedial Unit which supported a total unit capacity of 120 learners (approximately 11 learners per class). While Mainstream reflected a relatively even number of boys and girls, Remedial showed a distinctly greater proportion of boys at roughly 75% male and 25% female, which is consistent with diagnostic statistics regarding the sex ratio of learning disorders between boys and girls (2:1 to 3:1) (APA, 2013). All educators in the Remedial Unit were identified as White and female, while the Mainstream section of the school reflected greater diversity through the employment of White, Indian and Black African educators, as well as a higher proportion of male educators.

In terms of the learners, school statistics showed a higher proportion of Black African learners (approximately 99% first language isiZulu speakers) within Mainstream, which is in accordance with community demographics. However, the racial profile of the Remedial Unit painted a starkly different picture with a majority White learner enrolment. A number of factors play into this discrepancy. Firstly, the Remedial Unit requires that learners be first-language English speaking, whereas the broader community is largely first-language isiZulu speakers. Secondly, owing to the specialist teaching and direct access to occupational therapy or speech therapy services rendered by the on-site practitioners, placement within the Remedial Unit requires higher school fees – a service that may not be affordable for the majority of families engaged in government schooling. As such, children referred to the Remedial Unit often reside from within more affluent neighbourhoods within or outside the prevailing community.

Further areas of difference refer to the age of learners across units, the enrolment patterns, and the spatial distribution of classes. The Mainstream Unit caters for senior primary only (Grades 4 through 7), while the Remedial Unit caters for learners in Grades 1-5. As such, the junior Remedial grades (Grades 1-3) were assigned to classrooms in their own wing of the school, with a separate fenced play area. This grade or age-based division is typical within South African primary schools. Similarly, Grade 6 and 7 learners in Mainstream were privileged with their own designated recreation area, as the senior learners in the school. For the Grade 4 and Grade 5 Remedial learners, classrooms were allocated nearby the junior Remedial classes; however, their recreational area was less clearly defined, as it bordered on the fields shared by the Grade 4 and 5 Mainstream classes.

Both the boys and the staff participating in the study recognised that these intersecting play arrangements had created a source of stress in previous years, with conflict emerging between the Mainstream and Remedial learners regarding the equitable use of space. Furthermore, the segregation of classrooms and the provision of separate assemblies or awards ceremonies created few opportunities for learners across units to interact. Only certain extra-curricular sports and school fun days enabled cross-unit interaction, however, these opportunities were scarce.

In terms of the enrolment and class operations, the Remedial Unit offers short-term remediation for a period of around three years, with the intention for learners to either return to Mainstream at the completion of their remediation programme or to seek placement at a long-term Remedial facility. Learners leave or graduate from the Remedial programme at any time, pending their scholastic progress. However, Grade 5 is the final year that they may be accommodated in the unit at this school. The Remedial team and other key professionals play a major role in assessing potential learners for placement.

Information gained through conversation with key stakeholders suggests that nearly all children in the Remedial Unit are diagnosed with some underlying attention deficit that is believed to have disrupted and delayed the foundational learning process. It is therefore frequently part of the enrolment requirements that caregivers institute some form of management for the attention deficits prior to commencing remedial intervention. As such, the Remedial Unit continuously demonstrates a higher proportion of children diagnosed with ADHD and receiving treatment, relative to the Mainstream Unit. Observations suggest that this treatment is often ritualised and normalised within the daily school routine, as learners line up at the teacher's desk to receive their initial morning dosage or mid-morning 'top-up'.

As diagnosis and treatment are integral for placement and continual monitoring within the Remedial Unit, greater dialogue is generated by staff and caregivers around ADHD and other related diagnoses. In fact, the Remedial Unit at Riven Primary, with the support of the senior management, demonstrate an active interest in child mental health by regularly hosting workshops on topics like ADHD, providing psychoeducational resources for educators, and supporting student-led research.

5.4. Defining who can speak for ADHD

It has been argued that there is a need to prioritise the perspectives of children in matters that affect their lives. As such, the involvement of child speakers was regarded as paramount in this study in speaking to their identity work in the context of an ADHD diagnosis. However,

children do not possess full agency owing to the structural limitations placed on them by their age. As such, it was also important to understand how educators from the school site (Mainstream and Remedial), who hold authority in the process of diagnosis and management, construct these identity spaces for the boys, and reflexively for themselves.

5.4.1 *The Boys*

The recruitment profile for the child group included boys aged between 9-11 years with a diagnosis of ADHD. These criteria reflect three dimensions that will each be addressed in turn – namely diagnosis, age, and sex and gender.

In terms of diagnosis, an all-encompassing definition of ADHD was used that made reference to any subtype of the ADHD diagnosis (predominantly inattentive, predominantly hyperactive/impulsive, or combined-type) (DSM). However, all boys offered an opportunity to participate, had to have been formally diagnosed with ADHD by a registered healthcare practitioner. Due to the qualitative nature of the study and the move towards diversity rather than generalisability, child participants could also present with other comorbid conditions, like learning disorders and anxiety disorders, excluding cognitive impairment.

Formal diagnosis of ADHD represents a culmination of events and interactions throughout the assessment procedure that symbolise a continuity of the ‘problem’ self-story. In other words, children diagnosed with ADHD recognise and are often made aware by educators and caregivers that there is an initial ‘difficulty’ (behavioural, scholastic or both) which is then followed by various test protocols that may involve physical examinations, interviews, and assessment tasks. Recognising this initial experience of ‘difference’ is important, as previous research has shown that not all children respond to, define, or internalise a clinical label like ADHD (Kendall et al., 2003; Law, Sinclair, & Fraser, 2007; Prosser, 2008). It is also acknowledged that children identified as ‘naughty’ or ‘problematic’, outside of a formal diagnosis, may also be subject to psychiatric power and psychopathologisation through the persistence of “tokens of knowledge” (Foucault, 2006) – an issue that is granted further attention in Chapter Six.

The rationale for including children in research has been reiterated at various points throughout the chapters so far. However, there are additional reasons to support the involvement of participants within a ‘pre-adolescent’ age cohort of 9-11 years, particularly in relation to ADHD. In accordance with the medical model, ADHD is categorised as a childhood disorder that is typically diagnosed after 7 years of age, however, symptoms may emerge in early adolescence and persist into adulthood (APA, 2013). As pre-adolescent

youth are closest to this initial recognition of ‘difference’, it is important to understand how these early experiences ‘trouble’ constructions of self. Furthermore, while developmental stage theories like Erikson’s (1950) life course perspective are not the guiding principles for this study, it is acknowledged that schooling is a significant event for children within their middle childhood years, whereby issues of ‘industry’ and ‘inferiority’ may be magnified by ADHD.

The third dimension of participant selection focuses on sex and gender. The position declared in Chapter One is that there appears to be a gender bias in ADHD, such that boys are more likely to be diagnosed and directed towards pharmacological treatment (Biederman et al., 2002; Bruchmüller et al., 2012; Coles et al., 2012; Sciutto et al., 2004). Considering that boys dominate the ADHD agenda, the counter argument is a need to invest in research with girls’ in the context of an ADHD diagnosis. While this claim is acknowledged, the nature of the research in this study is not to verify the existence of a diagnosis but rather to explore the operation of various discourses in the talk of boys living a story of ADHD. It is therefore equally as important to explore the same questions with girls – something that is recommended for future work. However, boys were featured because there has been a call in the masculinity and disability communities to explore men with disabilities across different types of impairment and varied life stages (Shuttleworth et al., 2012).

5.4.2. *The Educators*

In the field of child mental health, adults routinely hold influence over the course of referral, diagnosis, and management for the children in their care. It was, therefore, important in this study, to provide space for the various discourses produced by educators in relation to the normalising frame of ADHD and acceptable boy behaviour. Involving different sets of participants (boys and educators) appears tantamount to a case study design, where the emphasis would be on combining participant accounts to provide a singular rich description. However, this was not the intention of this study. The intention was to acknowledge various speakers (adult and child) in their joint production and positioning (self/other) of the ADHD.

Participation for educators (Mainstream and Remedial) was offered to all educators within the school, regardless of if they were teaching any of the child participants. As with previous ADHD research involving educators, a gender dynamic emerged whereby nearly all participants were female. This consideration was viewed as particularly salient in understanding points of agreement and contestation across speaker accounts.

5.5. Negotiating Access and Consent

Rather than viewing informed consent as a discrete stage that needs to be resolved, attention is granted to the ways in which consent is continuously negotiated and revisited in the research process (Flewitt, 2005). Piper and Simons (2005) refer to this as ‘rolling informed consent’ because of the renegotiation of consent during the course of research and where there may be greater clarity on potential risks. While all forms of consent are equally important and justifiable, it is the pathway of communication between stakeholders that play a key role as to how the nature of the research and the researcher are positioned.

5.5.1. Institutional Permissions

At the initial procedural level and following a strict review of the research proposal and ethical concerns, permissions were granted by the University of KwaZulu-Natal (UKZN) Ethics Research Committees. Following this approval, and in accordance with guidelines for conducting research in an educational setting, the necessary applications were made to the Department of Basic Education. Minor revisions to the proposed sampling strategy and methodologies, as per the feedback of the pilot study, were re-submitted in the form of an amendment letter, which was acknowledged and approved by the relevant university ethical bodies in August 2013, prior to entering the research site. A second amendment letter was also issued by the UKZN Humanities and Social Sciences Research Ethics Committee to acknowledge the study name change, prior to submission of this doctoral thesis [See Appendix 1: Institutional Consent Letters for UKZN and Department of Basic Education].

After identifying Riven Primary as a potential research site, telephonic contact was made with the school principal and school Heads of Department (HoDs) to introduce the study and confer on ways in which to conduct the research. A visit was arranged to the school premises to engage in further face-to-face discussions with the school principal and the Head of Departments (HoDs) regarding relevant permissions, logistics for interviews, and to generally become oriented with staff and facilities [see Appendix 2: Principal Information Letter].

The HoDs for the Remedial and Mainstream departments were key informants for identifying potential participants, as they had firsthand knowledge about the children formally diagnosed with ADHD, as well as more subjective insight into which children and families would be open to participating. It was agreed that identifying between four to six boys per group would be suitable, as this is considered an acceptable range for group discussions (Heary & Hennessy, 2002). Furthermore, the HoDs assisted in the distribution of

information letters and consent forms to the educators in the school [See Appendix 4: Educator Information Letter with consent form]. These completed forms were returned by educator participants on the day of the interview.

5.5.2. *Individual Consent and Assent*

Once a list of caregiver details was compiled by the HoDs, it was used to make initial contact for introductions about the nature of the project. Conducting a telephone call prior to distributing information letters and providing opportunity to ask questions was regarded as a more reassuring and empowering process for caregivers. For those caregivers who expressed an interest to proceed with the research, an information letter was distributed via the child's homework book, providing further detail of the study [See Appendix 3: Caregiver Information Letter with consent form]. Adopting this more subtle approach was consistent with the purposive recruitment strategy and potentially less stigmatising than the blanket distribution of a letter across the school. It also afforded caregivers the opportunity to discuss participation with their son in a private capacity, rather than setting up coerced involvement.

A follow-up call was then made to caregivers to schedule an appointment for the initial interview and signing of consent documentation. Owing to the age of child participants, active parental consent was required, with a recommendation towards obtaining written verification from both caregivers in order to circumvent any parental conflict. Copies of completed consent documentation were sent electronically to the caregivers. It was also communicated that caregivers may be contacted during the data collection period should there be any further issues of clarity or areas of concern regarding the well-being of the child.

The initial interview with caregivers served two purposes. The first was to negotiate consent and ensure clarity regarding the roles and expectations of the researcher. The second was to gather brief background history about the child's ADHD diagnosis, including the nature of the child's participation in the assessment process, the prescribed treatment protocol where relevant, the level of disclosure regarding the ADHD diagnosis, the way in which ADHD is spoken about in the household, and any other idiosyncratic issues of concern, as noted in the interview schedule [see Appendix 6: Interview Schedule for Caregivers].

Both the child and caregivers were informed about limits to confidentiality and the duty to warn, should there be any disclosure that implied direct harm to the child or others, as per guidelines rendered in the Children's Act (2005). In the event that a child experienced any emotional distress during the course of the interviews, responsibility was taken as a

psychology practitioner to contain the emotional current of the situation – as discussed in Chapters Six. Clinic facilities at the Centre for Applied Psychology at the University of KwaZulu-Natal, Howard College were identified as a potential referral site, in addition to the independent practitioners working in the field of ADHD, as mentioned previously. However, no participants indicated the need for these services. At the time of the research interviews and activities, only one of the boys was attending ongoing psychology consultations with a private practitioner.

A further issue addressed during the consent process was potentially unfavourable outcomes for boys and their families following participation in the study. It has already been acknowledged that the ADHD diagnostic label may be conceptually problematic; due to young people's lack of exposure to the term. Previous reviews have also considered the possible stigmatising effects of such labeling (Cooper & Shea, 1998; Davis, 2006; Hjärne & Säljö, 2013). While the intention of the research was not to talk directly in reference to ADHD, caregivers were informed of the complexities of managing talk in group work and the realities that other boys may make comments and disclosures based on their own engagement with the diagnosis. As such, caregivers were advised that their son may introduce new terminology or ask new questions as a result of participation in the group.

Aside from initiating the formal parental consent, it was critical to engage the boys in conversation about the research process, in order to obtain their verbal assent, which was also formalised through the joint signing of an information document [See Appendix 5]. In an attempt to minimise labeling, that child assent documents and research questions were designed without an explicit mention of ADHD. The proposed research activities, yet to be discussed, also avoided the direct use of this terminology and centred on broader issues of gender, schooling, acceptable child behaviour and the strategies to resolve these difficulties, as experienced by self and other children in general [See Appendix 8: Formal Session Activities for Child participants].

A full 40-minute session was conducted with the six Remedial and four Mainstream boys in the two groups, prior to formal data production, to facilitate conversation about the nature of the study and limitations of the research relationship, and to provide formal opportunities for the boys to clarify any expectations. The boys were informed that if agreeing to participate, they also had a right to end the session early or withdraw participation without any consequences. Particular focus was generated in appeasing any potential concerns that performance in the group was a test or evaluation. This detail was particularly

significant in light of the school context, as half the boys in the Remedial group were due to transition back to Mainstream education in the coming year, subject to a school assessment.

The boys were also informed about the research communication with their caregivers that had preceded the groups, and that although caregivers had consented, participation was ultimately their choice. However, a hierarchy of authority was embedded in this process as illustrated by the case of one boy whose mother chose to withdraw his participation prior to the commencement of the groups, due to concerns about the ‘distraction’ of the research. Having met with the young boy at the time of the caregiver interview, an uncomfortable situation arose on the day of the first group session as he arrived at the meeting venue with the other boys. To avoid unnecessary distress and confusion, the young boy was invited to attend the introductory session but was informed in private about his mother’s decision to decline the participation. A conversation was then held with the caregiver to explain the management of the situation. Therefore, despite attempts to privilege the rights of the child and his own interest in the study, institutional practice ultimately accorded the caregiver higher authority regarding decisions for participation.

5.6. Producing Data

The origin of the term ethnography makes reference to a conjunction of Greek words – *ethnos* meaning folk or people, and *graphei* meaning “to write” (Reeves, Peller, Goldman, & Kitto, 2013). As such, the tradition of ethnographic research strives to provide a detailed description and representation of individuals and their interactions within a selected field. ‘Classical’ ethnographic practice rooted in anthropological inquiry had traditionally involved a researcher’s full-immersion in the community being studied, with research engagement extending over a period of time. However, the modern turn in ethnographic practice reflects shifts in both the temporality and spatiality of this research practice, resulting in more contracted studies, and a wave of new ventures into the realm of virtual ethnography and autoethnography (Hammersley, 2005). For this study, time spent directly interacting with the school extended over a period of six months between June and December 2013, with regular attendance of around three days a week from August 2013. The time frame of six months was within the ethical parameters provided by the Department of Basic Education [see Appendix 1] and was decided based on negotiation with the school site, so as not to interfere too significantly with the academic programmes.

Data production followed an adaptation of a ‘Mosaic Approach’ (Clark & Moss, 2001) by integrating the interviews with boys, educators, and caregivers, with the

observations of classroom and play time interactions, and the inclusion of participatory, largely non-verbal activities like transect walks, photography, role plays, and visual art. Both Taylor (2006) and Wetherell (2008) have suggested that creative and diverse methodologies are important to advance discursive analysis. Therefore incorporating talk-based analyses, such as those produced through interviews, with an ethnographic orientation may be useful “to consider the identity work taking place in an expanded context of several different levels” (Taylor, 2006, p. 98).

As with any research in the field, the process of producing data is complicated and there is an expectation of flexibility required on the part of the researcher. In an educational setting, in particular, there are further obstacles to accessing participants because of the constraints of lesson periods and the recognition that teaching time and staff meetings take precedence over research activities. Opportunities for conversation were challenged by repeated interruptions due to the school intercom announcements, time spent gaining entry to allocated venues that were locked, staff members walking into the interview room while in conversation with the boys, and the frequent cancellation and rescheduling of sessions around examinations, sporting events, and cultural activities.

Time was allocated towards the end of the academic term, post-examinations, to conduct the focus groups with the educators on school premises. As for the boys, a timetable was devised through collaboration with senior educators to allocate weekly sessions with the participating boys that would not conflict significantly with their academic commitments. Morning assemblies and reading periods were regarded as the least intrusive times in the schooling day, while individual sessions were also conducted after hours for those boys attending aftercare within school premises. The reality of making time to meet with caregivers in ways that were convenient, involved greater compromise and creativity, with consultations held in homes, on school premises, or in public spaces like coffee shops. The following discussion provides greater detail as to the actual methodologies employed with the adult and child participants.

5.6.1. The Boys: Individual Interview and Group Activities

The mosaic approach (Clark & Moss, 2001) to framing methodology was regarded as most advantageous because of the ethos of inclusivity and the focus on supporting various spaces for engagement. The data produced during the interactions with the boys was obtained initially through group activities, and then supplemented with individual sessions. Group interviews were conducted in various locations around the school pending availability of

space and resources. This included allocated classrooms within either the Remedial or Mainstream section of the school, or places outside the classroom on the playground. Approximately four group sessions of roughly 40 minutes duration were held with each set of boys, with at least two individual interviews of 30 minutes duration for each boy.

From an ethical point of view, introducing study participation with group work with regarded as a beneficial strategy to minimise the pressure and performance anxieties associated with direct one-on-one interviews (Warin, 2011). Research has also suggested that encouraging participation in friendship groups may be more advantageous for facilitating a supportive environment for sharing ideas (Heary & Hennessy, 2002). The purposive selection of the boys in this study did not directly follow this instruction; however, some boys did self-identify as friends or developed closer peer relations as the time progressed.

Multiple considerations were generated around the group activities for the boys, in light of the specific attentional needs. Seven of the nine boys in the study routinely took medication for an ADHD diagnosis; however, their participation in the study was never subject to this pharmacological management, owing to concerns that this stipulation would infringe upon the boys' physical integrity. However, medication was a serious consideration for the implementation of group activities. In one peer group, sessions were scheduled around 7:30 am on a Monday morning before the boys had received their medication, or before the medication had 'taken effect'. The combination of attentional difficulties and the expressions of excitement related to the novel research experience complicated group dialogue and rendered the majority of audio recordings inaudible, thereby creating significant researcher frustrations regarding the 'quality' of data being generated.

Activities were designed with the advice of primary school educators and were piloted with a comparative group of children prior to the entering the research field. The 'Safari School' theme, initially proposed in the pilot study, centred on the use of South African wildlife characters as metaphors for ADHD-associated behaviours, thereby providing a way to minimise the sensitivity of personalising ADHD. For example, the cheetah who rushes through his work to be first to finish; the hyena who is the 'joker' of the class; and the meerkat who is always out of his seat. Animal hand puppets representing these characters were to be used to stimulate discussion around schooling experiences and child behaviour, as previous research has shown that puppet play can be incorporated successfully in the context of individual interviews with young boys years diagnosed with ADHD (Exley, 2005). However, it was felt that the Safari characters were too removed from the boys' school experiences and introduced greater opportunity for play and distraction.

In order not to abandon the types of participatory activities that would appeal to child participants, further discussion and brainstorming was initiated with the educator informants, resulting in the development and integration of a new theme centred on ‘explorers’. An explorer was defined as someone who is curious to learn about self, others and the broader environment in which he/she lives, works and plays. The theme was introduced in the initial session, in which group discussion was generated around the qualities and goals of ‘being an explorer’ [See Appendix 8: Formal Session Activities for Child participants]. Particular care was therefore taken to frame my involvement as a fellow explorer who is undertaking research to understand boys’ experiences at school.

As such, the boys were identified as co-explorers, assisting in the research process. In order to reinforce this theme, each participant was provided with a mini survival pack that included binoculars, compass, a medicine container, and a small notebook and pencil. The exchange of these items at the onset of the research rather than the conclusion was in order to build excitement and enthusiasm for the process, while also offering a small token of thanks for participating. The explorer theme also expanded the possible repertoire of data production methods, as highlighted through the inclusion of a transect walk.

Transect walks are a participatory research technique, more commonly seen to feature in community-based studies, where dialogue emerges while participants and the researcher walk through the research context (Theis & Grady, 1991). The use of this methodology has been applied in both international (Lolichen, 2007) and local (Ebrahim, 2010) research involving young children, although not without its challenges in implementation. The transect walk itself was viewed as beneficial for the high energy boys as it introduced greater novelty to the research process and dislocated participation from a static classroom space, which is imbued with particular expectations regarding child conduct. As a participatory methodology, the approach also has the potential to expand traditional power roles (van der Riet & Boettiger, 2009), as child participants take the lead in directing the course of the walk.

The transect walks occurred after the first introductory session with the boys. At the start of the task, each boy was supplied with a digital camera and invited to guide the researcher around the school, while identifying and taking pictures of important places and spaces that they inhabit on an average day. To avoid competition and distraction, the boys completed the task individually while the other children were inside the classrooms attending lessons. This decision was also important to minimise potential ethical problems arising from children unintentionally taking photos of their peers.

Previous research focusing on children diagnosed with ADHD has employed photography as a tool to facilitate research conversations (Hatt, 2009; Singh, 2007). In Singh's (2007) study, children were prompted to take photographs in response to two questions about their daily experiences when taking or not taking medication for ADHD. In this study, not only were photographs produced as a visual stimuli for group discussion, but more importantly the act of taking the photos provided a diversion to minimise the potential social pressures of conversation between the researcher and participant during the transect walk – a practice that has been observed in other task-based activities (Punch, 2002).

Once all the walks were completed, the boys were gathered together in their groups and provided with a selection of printed photographs (a selection made by the researcher), to which they were asked the question, “What happens in this place?” in order to activate group conversation about daily events and interactions within the school. Further questioning prompts were introduced to understand peer dynamics and behaviour inside/outside the classroom. Researcher photographs were added to the selection to diversify the image selection and to prompt conversation about spaces that were excluded during the transect walk. For example, Image B (below), shows the room where chronic and emergency medication is stored at school. Although the room was locked during the transect walk, boys failed to make mention of this space. As such, questions were directed to the picture in regards to “what might happen in this room?” or “who would be seen going to this room?”



Image A – Transect Walk

Photograph taken by one of the *boys* –“communal play area”



Image B – Transect Walk

Researcher Photograph – “medicine storage room”

Attempts were made to introduce the photograph resource again in a follow-up group session; however, sensing resistance from certain members of the group, a more ‘reactive’ approach was adopted whereby the boys introduced games of their choice and conversation was generated around the current events happening within the school environment (Emond, 2005). The spontaneous nature of these dialogue-driven encounters favoured the more boisterous boys. However, the nature of sessions was not to gain a representative opinion on issues but to provide one space for listening in which some voices would be more dominant than others. The unstructured nature of these interactions introduced uncertainties as to the rigour of methodology employed. Researcher reflexivity and supervisory conversations were central in drawing awareness to the elements of the interactions that shaped participation and to interrogate adult-centric notions of what constituted ‘quality data’.

Previous work with young men in a schooling context has highlighted the performative aspects of identities and the multiplicities in presenting selves across group and individual interview spaces (Phoenix, Frosh, & Pattman, 2003; Wetherell & Edley, 1999). Therefore, in addition to the group activities and transect walk, the young boys were invited to attend a series of individual sessions to provide further detail on their medication, schooling experiences and relational support networks.

Participants were asked to imagine ‘the problem’ or rather, ‘the reason for taking the tablets’, as an object/figure/person and then represent this through the medium of drawing. The reason that boys had already provided for their tablet use was inserted into the instruction. For example, one of the boys indicated that the reason why he took his medication was to help with concentration. Using these words, the instruction that followed would be: “Imagine *The Concentration* (pronoun) was an object or person, what would it look like?”

Discussion was then generated during the session and subsequent sessions to explore the nature of these drawings. Linguistic devices that externalise ADHD are inspired by the Narrative approach to therapy and are consistent with the discursive framework of ‘problem’ deconstruction (White, 2007). These questions were aimed to elicit an understanding of the ways in which ADHD is described and the ways that boys position themselves in relation to the ‘problem’ [See Appendix 8: Individual Session Activity for Child: Externalising the ‘Problem’]. Therefore, in accordance with the theoretical paradigm, the use of creative techniques and methodologies is not to provide a projective interpretation of the child’s difficulties, but rather as a novel and less threatening means to encourage dialogue.

5.6.2. *The Adults: Focus Groups and Individual Interview*

Focus groups provide a more dynamic space for conversational exchanges while also supporting the theoretical principals of a narrative-discursive framework, which acknowledges the fluidity of situated identities (Taylor, 2005; 2006). Separate focus group discussions of approximately 60 minutes in duration were conducted with six educators from the Remedial and six educators from the Mainstream sections of the school. The decision to reinforce these lines of distinction was to increase participant comfort due to colleague familiarity, and to facilitate a less judgmental space for comment on institutional dynamics and politics, should this arise. Semi-structured interview schedules were used to stimulate discussion around issues of ADHD and child behaviour [see Appendix 7: Interview Schedule for Educator Focus Group]. A separate individual interview was held with one male educator, upon his request.

5.7. *Exiting the Site and Data Management*

Prior to exiting the field, conversation was generated among the boys about the end of the research process, as well as some of the themes discussed during the conversations. The boys each received a certificate to acknowledge their participation in the sessions and to signify a culmination of our time together [See Appendix 9: Certificate of Appreciation]. A brief feedback summary report was generated for the school and the caregivers. The analysis in this report reflected a rudimentary content analysis based on a review of the field notes and a brief overview of the audio-recordings. Recipients of the report were advised that the structuring of the findings would differ from those presented in the final doctoral study. Caregivers and educators were invited to submit comments on these findings; however, no feedback was received.

Some theorists argue that true ethical responsibility requires researchers to offer their study back to participants to review before publication. While this act may appear participant-centred, it is often conducted in a nonchalant way to satisfy critics and not truly respond to participant needs (Piper & Simons, 2005). While acknowledging that this study is not aligned with a true participatory research model, attempts have been made to garner the opinion of participants before presenting findings in the public sphere.

In addition to the summary report described previously, a separate Powerpoint presentation was held with educators approximately nine months following departure from the school, to provide more in-depth analysis. Findings related to this presentation were presented in the public domain at the *International Association for Child and Adolescent*

Psychology and Psychiatry Conference in Durban (Tucker & Govender, 2014). Aside from reconnecting with the school and demonstrating a commitment to the ongoing research process, the primary intention of the presentation was to secure feedback on any disclosures in the contextual description that may compromise identification of the school. Similarly, prior to the submission of the thesis, descriptive sections of text regarding Riven Primary were sent to the key stakeholders to review and amend in relation to any factual inaccuracies.

At the conclusion of the field work and analysis, much data was amassed including printed and signed consent documentation in hard copy; digital audio recordings of the various interview sessions with the related transcriptions in electronic format (MS Word); handwritten researcher commentary and field notes in electronic format (MS Word), digital and printed copies of photographs; drawings produced by child participants in the context of the interview sessions; a small selection of multimedia footage (video, photographs) recorded during the transect walks with the child participants and other school-related artifacts collected within the research site, like pamphlets from awards ceremonies.

Throughout the course of the doctoral process, digital data and analysis documentation was stored on a password protected computer, with back-ups loaded on two portable storage devices, and a password encrypted online account. Physical materials, documentation, as well as multimedia devices like camera memory cards were also filed and stored in a secure location. Upon completion of the doctoral evaluation, all electronic transcripts/visual media will be deleted off the researcher's electronic devices and compiled onto two digital video discs (DVD). One copy will be stored safely with the researcher, while the other will be with the supervisor, Dr Kaymarlin Govender, at the University of KwaZulu-Natal, Howard College.

5.8. Concluding Remarks

The chapter has provided a detailed account and empirical support for the suitability of methodologies in effectively and ethically engaging young boys and their significant relational figures in the research process. The following chapter provides a deconstruction of these assumptions, so as to highlight potential spaces of conflict and power differential. Discussion includes a reconciliation of ethnography within a feminist post-structural approach; a reassessment of the claim towards the fair use of participatory and child-centred methodologies; the complications involving representation and confidentiality; and a view towards researcher reflexivity.

Chapter Six

Troubling the Research Process – Researcher Reflexivity and Ethical Dilemmas

6.1. Introduction

Post-structuralism is an orientation or world view that calls for engagement with the socially constructed nature of participant realities, including those of the researcher. In other words, researchers are called to engage in reflexive practice to interrogate the personal positionings that may have shaped the research process. Pomerantz (2008) captures the complexity of these dynamics in the following quote, whereby “[doing] post-structural research is to foreground the impossibility of unmediated representation by reflexively analyzing the discursive forces in which researcher, researched, and research process are entwined” (p. 25).

It is the addition of a feminist lens that magnifies the ways in which power and control are intricately woven in the personal positionings and methodological choices played out in research. Therefore conducting research as a feminist practitioner is continuously fraught with tensions and inconsistencies regarding the ethics and moral responsibility towards participants and the broader subject area. These concerns are particularly relevant within the field of education, where young people are already imbued with less power as per the hierarchical and institutional culture of the school (Tsolidis, 2008).

Wolf (1996) proposes three interrelated dimensions where power-relations may emerge in research. These include (1) the positionality of the researcher and researched; (2) the mechanisms of the research process and research relationships; and (3) post-fieldwork considerations regarding writing and representation. The discussion in this chapter proceeds in relation to these dimensions by describing ethical conflicts and perceived threats to participant integrity that emerged prior to, during, and after time in the field. The chapter concludes with a discussion on researcher positionalities and the shaping of researcher | researched relationships.

6.2. A Situated Approach to Ethics

A tendency exists in research to present and respond to ethics as a set of rules and principles that can be identified and documented prior to entering the field. However operating solely from this perspective may assign greater concern to the institutional review bodies as

gatekeepers of the research process, rather than operating in the best interests of the participants. For example, in Halse and Honey's (2005) research regarding anorexia nervosa, the process of garnering formal permissions resulted in compromises in the research design that challenged the ethos of feminist research and their moral responsibilities towards potential participants. Applications to ethical review boards "entangles researchers in tricky moral decisions about complying with the ethics process, appearing to be an ethical researcher, and being an ethical researcher" (Halse & Honey, 2005, p. 2159).

Similarly, an initial proposal in this study to work with children aged seven to nine years was critiqued by review boards on developmental grounds, suggesting that children of that age may lack the capacity to reflect on their diagnosis. In order to streamline the research application, the study design was revised to focus on an older age cohort (9-11 years), as research in the field of paediatric HIV and AIDS has suggested that disclosure of health status is appropriate for 'competent' children aged 9 years and older (Medecins Sans Frontieres, 2005). However, the complicity in following review recommendations further reinforces a developmental view of age-based potentials, which is in conflict with the values espoused in this study.

Feminist theorists like Gilligan (1977) have called for an 'ethic of care' that prioritises empathy and moral responsibility in relationships, rather than an abstract 'ethic of justice'. However, critique has been generated that an approach centred solely on empathic understanding may lead to a personalisation of ethics that promotes an 'ideal type' of researcher (Mauthner, Birch, Jessop, & Miller, 2002). The shift towards viewing ethics as 'situated' (Simons & Usher, 2000) provides a strong acknowledgement of sociopolitical contexts, thereby supporting a greater diversity in perspectives for best practice.

Ebrahim (2010) recognises the value of this approach locally by suggesting that "the idea of a reflexive researcher working within the flexibility of a negotiated ethical framework is crucial to be sensitive to the situatedness of childhoods and young children's constructions of childhoods in South Africa" (pp. 297-298). This is an important reflection as children and people with disabilities have traditionally been responded to as a homogenous group in regards to policy and practice, and have routinely been grouped together under a label of 'at risk', particularly in relation to ethical review applications. The nature of the ensuing discussion explores how a situated approach to ethics may expand considerations made at the level of recruitment, methodology selection and representation of participants.

6.2.1. *Recruiting Participants: A Reflection on Power and Pathology*

Diagnoses illuminate and obscure different forms of understanding. For the clinician, diagnostic frameworks support the development of a shared medical language. For the client, awareness of and acceptance of a diagnostic label may provide a powerful form of recognition that activates further understanding and intervention. Or, in contrast, diagnostic codes and categories may produce a deficit-view of self that obscures adaptive capacities. The diagnostic label of ADHD played a central role in this study, highlighting concerns about the appropriateness of mental health definitions for sample selection.

Proposing to research ADHD rather than a collection of behaviours, privileges the sanctity of a biomedical discourse above other forms of knowing. For Halse and Honey (2005), tensions arose in their recruitment strategy for research regarding eating disorders, whereby a sampling definition was eventually established as ‘girls who have received a medical diagnosis of anorexia nervosa’. The intention of inserting a pause between the individual and the diagnosis was to decentre and make visible the place of medical diagnoses, while also acknowledging the potential spaces of resistance associated with this label. A similar approach was adopted in the study underpinning this paper, as participants were seen as ‘boys who have received a medical diagnosis of ADHD’.

While these definitions may be considered a matter of semantics, the nature of these disruptions is central to the philosophical and moral imperatives underpinning post-structural thinking. As Graham and Slee (2008) note, “when we identify categories of children, whether we refer to children at risk or children with a disability or children whose first language is not English, we not only make difference *visible* but work to maintain power imbalances and structural inequity by reifying *unnamed* attributes that carry social, political and cultural currency” (p. 287). These concerns are equally as important for ‘invisible diagnoses’ like ADHD, where the validity of the condition is repeatedly contested due to the absence of biological markers, or where counter-arguments exist, such that symptoms may be better explained by psychosocial factors like trauma exposure (Briggs-Gowan et al., 2010; van Dyk et al., 2015). For Kriegler (2015) to uncritically accept ADHD in the context of these circumstances is tantamount to further oppression and victimisation on the part of the individual who is labelled.

6.2.2. *Ethnographic and Participatory Methods: Whose Voice is speaking?*

The ethical promise of ethnography has been the way in which it makes claims to access people’s lived realities and recognise those who may otherwise be marginalised (Allred,

1998). However, to promote post-structural ethnography highlights a major tension between reconciling the ethnographic imperative for observational and empirical data (as documented in field notes, interviews, drawings, and other accumulated artifacts), and the post-structural critique and destabilisation of the claims to authenticity through which this data is produced.

Schegloff (1997) is particularly vocal in arguing against the use of interview methodologies, on the grounds that it does not represent ‘naturally occurring data’. A similar position is shared in this study, however, it is argued that there is no naturally occurring data or verifiable truth, as all texts are ‘partial co-productions’ that provide a particular reading of a situation (Bean, 2011). That is not to say that participants are intentionally fabricating information or opinions in order to deceive, but rather that the emphases and omissions within these tellings serve a particular function. As such, ethnography serves as a useful platform to host various situated conversations.

Ethnographers often make reference to ‘voice’ as a way of providing access to participants’ perspective. However, the notion of ‘voice’ is problematised in this study on the grounds that it masks the decisions made by the researcher as to what constitutes a voice (Alldred, 1998). “By reflexively turning theory in on its methods, post-structuralist research techniques are increasingly disconnected from an epistemological privilege” (Popoviciu, Haywood, & Mac an Ghail, 2006, p. 407). In other words, as meaning is locally situated, the research context itself becomes an accomplishment, rather than verifying ways to source the essential facts. Although this thought may be liberating in terms of the diverse methods that may be employed within a post-structural tradition, it is the significance of the results generated from the method that takes precedence (Popoviciu et al., 2006).

In accordance with the ‘new sociology of childhood’, research involving children has witnessed a growth of participatory ‘child-centred’ methodologies, as well as a drive towards involving children more fully in the conceptualisation and operationalisation of research (Alderson, 2001; Kellett et al., 2004). However, critiques have been generated around the indiscriminant use of participatory methodologies and claims towards ‘child-led’ research that promotes a homogenous view of child participation and masks inherent power relations between an adult researcher and child participant (Gallacher & Gallagher, 2008; Hunleth, 2011; Waller & Bitou, 2011). Punch (2002) adds to this argument by exposing an important paradox between a rights perspective of equality and the design and delivery of exclusive child-oriented methodologies: “If children are competent social actors, why are special ‘child-friendly’ methods needed to communicate with them?” (p. 321).

It would be naïve in the context of this study to claim that the activities employed were truly participatory, as the medium of photography, the specific instruction, the adult supervision during the transect walk, and the addition of the researcher's own photographs were driven by a researcher agenda that regulated the boundaries of interest (Waller & Bitou, 2011). It was therefore not surprising that the boys' motivation waned as they were excluded from structuring the activities at the onset. In some cases, boys actively resisted this adult agenda and routinely diverted attention away from the photographs, despite my questioning (Cook & Hess, 2007). In understanding this observation, I take heed of Cook and Hess's (2007) words, that "the use of cameras may have offered a glimpse into the child's world but the construction of camera use for research may have been so embedded in our expectations of the research that we narrowed our lens" (p. 43).

6.2.3. Representing Data: What's in a name?

Ethnographic research is founded on a need for rich descriptions and interpretive detail. However, the specificity of these descriptions introduces ethical difficulties in shielding the research site and the participants from any harm that may result from identification. This is particularly problematic as the concept of anonymity has become a fail-safe in ethical practice. However important distinctions are drawn between confidentiality as a principle of trust and respect for participant disclosures, and anonymity, which is a procedure of masking identities in support of confidentiality (Piper & Simons, 2005).

Within this distinction is the counter-argument that anonymity may not always be in the best interest of participants or the research site and that identifications can lead to a heightened awareness and ethical reflexivity that is embedded in respectful conduct (Piper & Simons, 2005). Enabling participants to decide on their anonymity or the disclosure of their name is an empowering discussion, but it is a discussion that requires a fully participatory research frame in which speakers hold influence over how their 'voice', and not just their name is represented.

In this study, pseudonyms were employed for the school and the participants. While some ethnographic researchers garner the opinion of participants for this process of naming (Cairns, 2013), the final pseudonyms in this study were decided during the formal write-up of the findings. Pseudonyms are themselves discursive products that are aligned with particular value-positions and ideals. In the case of the various speaker names, pseudonyms were employed for ease of communication and to serve as placeholders in the text. In the case of the school, the pseudonym "Riven" was employed due to synonyms of fracture or rupture.

This description may appear to suggest a negative emotional atmosphere within the school. However, this was not the case, as the staff and the learners were warm and accommodating during the time of the fieldwork. The idea of fractures or ruptures emerged in connection with the post-structural theory underpinning the study, as well as an awareness of the operational fissures between the different teaching units within the school. However, pseudonyms offer a thin veil of obscurity. This veil is weakened further by electronic communication and the distribution of information to a wider audience. In this study, the Remedial-Mainstream composition of the school is also relatively unique to a South African context while the relatively small pool of respondents as drawn from within a small group increases the potential for identification. In an attempt to minimise this issue of identification and divert attention, factual discrepancies were introduced into the description of the school to provide a level of distraction.

6.3. Reflections from the Field: Mobilising Self-Positionings

The statement ‘the personal is political’, which is routinely adopted in feminist practice today, calls into the focus the ways in which the interactions and dynamics in the private domestic sphere reproduce the power relations of the broader society (Campbell & Wasco, 2000). It is this notion of connected personal and public lives that has called for an awareness of researcher subjectivity and positionality within the research process.

The orientation of this study is more closely aligned with Donna Haraway’s (1988) proposal that feminist research should promote ‘situated knowledges’. From this view, she argues for “politics and epistemologies of location, positioning and situating, [and] where partiality and not universality is the condition of being heard to make rational knowledge claims” (p. 589). Researchers entering the field bring to the fore multiple subjectivities that may shape the research process; from the embodied positionings asserted through physical appearance, to the communicated reasons for the research, and the immediate circumstances framing each encounter. To categorise my self as a young White female psychologist may seem reductionist, however, these features, among others, represent culturally available narratives that enabled or constrained my initial engagement in the research process. Again, that is not to say that these positions are essentially fixed, but rather that they introduce cultural conditions that can be further constituted or troubled in the conversational exchanges.

Cairns (2013) highlighted the complexity of negotiating different identities within the research context, including the degree to which identities may be mobilised for different purposes. While her position as academic ‘outsider’ was somewhat explicitly made aware

through her entry to the site, an additional choice was made about the degree of personal disclosure regarding her ‘insider’ or localised community perspective. Her uncertainties resonate strongly with my own research process, in which I was mindful of my associations with the community in which the school was located.

Although I had not attended Riven Primary, I was familiar with the broader community having lived in the area throughout my schooling career, and also having attended mental health seminars on site. While I have gradually relocated from that geographical area over the last 10 years, my own mother remains a stalwart in the educational community, with a history of over thirty years’ experience teaching in foundation phase and Remedial Units in the area. I was, therefore, cautious of sharing these associations with the educators, in order not to comprise participant anonymity and to minimise the influence that this possible association may have on the educators’ disclosures. Furthermore, my choice to introduce myself as a clinical psychologist rather than as doctoral student initiated recognition as a medical practitioner versus curious learner. Part of the reversion to my clinical psychology title was my own anxieties regarding my credibility, owing to my young age. However, the context of communication fostered within an educator-learner space versus professional-professional has implications for knowledge production and challenges to authority.

Like Govender (2012), I was cautious of occupying spaces that would identify me as a fellow educator, such that I did not use the staff recreation room or park in the staff parking area. To be less obtrusive, I based myself in the school library during my visits, while I would conduct my individual sessions inside a small resource room to the side of the classrooms. However, my intention to be discreet and ‘neutral²⁴’ was challenged in the field. On one occasion, an educator was observed making disparaging remarks about one of the participating boys (Christopher), in front of Christopher and his classmates. The educator’s dismissive comments, supposedly said in jest, referenced Christopher’s ‘impossible behaviour’ and notified me that I could ‘gladly have him’ for our session. To be ‘respectful’, I did not challenge the educator on her remarks however my omissions were just as damning and complicit in constructing the image of the unruly child.

As mentioned previously, Riven Primary reflects a primarily female teaching cohort. Although male teachers are employed at the school and were invited to participate, all declined participation, preferring to observe the group events from the periphery. That is not

²⁴ Use of the term ‘neutral’ in this context implies an unbiased stance, however it does not mean being value-free as a researcher

to say that these male educators were not interested in the subject, as I was approached with questions and a specific request for an individual interview. Rather, these hesitations prompt reflection as to how my shared 'woman-ness' with the teaching majority, may have framed an exclusionary space in which men's views were marginalised.

Prior to the individual interviews, I expressed concern that singling the boys out of the classroom for our individual sessions may have the unintentional consequence of drawing negative attention. My requests to spend time with boys in the Mainstream Unit were often met by curious questioning by their peers and an expression of greater educator enthusiasm and relief. However Mainstream boys did not appear to express any embarrassment by the increased attention or positivity generated around their exit from the classroom, as they reveled in the attention and joked with their peers about being "special".

Within the Remedial Unit, where children frequently leave the classroom to attend therapeutic sessions or scholastic interventions, my arrival was largely met with indifference. While boys from the Mainstream Unit were excitable about our time together, conversations with the Remedial group were generally more forced and uncomfortable. Upon reflection, it was noted that the presentation and structure of the individual sessions as conducted within a 'private consultation room', may have reaffirmed the impression of a psychological assessment. Therefore, this undercurrent of evaluation and adult-centred hierarchies of power may have impeded the relaxed conversations with these boys, as compared to the other group.

As group sessions for the boys in the Remedial group were scheduled first thing on a Monday morning, I was advised by educators that many of the boys had either not received their medication, or that the medication had 'not taken effect'. Although medication was a practical consideration, I was hesitant to subscribe to an ideology that it would be 'impossible' to work in an unmedicated space. However, managing the group sessions did pose frustrations that challenged my conceptions of effective research practice and the ways in which I was generating data. While I had taken steps to physically distance myself from the role of teacher, as previously stated, the energetic and distractible nature of the boys often pulled me into a disciplinary mode structured on rules and turn-taking. I was also conscious of the educator gaze and the risk that any observed ill-discipline would reflect negatively on me as a professional in the field.

At the time, I viewed the individual sessions as largely 'more productive' than the group activities, which were generally loud and chaotic. These impressions resonated strongly with those generated by Moss (2008), in his account of experiences in the field:

I came to enjoy the time I spent with the compliant students. I appreciated their presence even more as I worked with the more difficult kids. I had feelings of dread working with students who gave me trouble and was often filled with elation and joy when working with the students who listened to me and followed my directions and appeared to be learning something. As I practiced my volunteer role, I realized I was unwittingly becoming part of the institutional machinery of the school (p. 11).

The prioritisation of the one-on-one encounter as more productive for the purposes of task completion mirrored my own assumptions and biases regarding education and acceptable behaviour at school. Therefore despite my own personal support for play as an essential part of learning and child development, I constantly found myself delimiting opportunities for play because it was perceived as a barrier to productivity – or more specifically, a barrier to my productivity. As such, my own adult-centric notions of what constituted valuable and coherent data interfered with my ability to be fully present with the boys, while also increasing my anxiety regarding group behaviour and discipline. Inversely, medicated participation could also introduce limitations. For example, attempts to converse with Sam in the individual sessions often left me feeling deflated and disempowered because of his lack of enthusiasm and willingness to engage.

6.4. Concluding Remarks

Much interest has been generated around researcher|researched relationships and the elements that foster or create barriers to participation. The purpose of this chapter is to promote a more critical reading of the data production in this study, to understand how elements of the research design like recruitment and methodological selection, as well as representation of information are not innocent choices. Expectations about the distractibility of boys diagnosed with ADHD and situational pressures regarding research time constraints activated a need for stricter activity guidelines, and a disciplinary style of interaction driven by rules and turn-taking; all of which shifted the dynamic of a playful conversational space. The construction of this adult-child divide was further reinforced by my presentation as a young White woman, who automatically mirrored the profile of the educators working within the school. While many of these concerns were anticipated prior to entering the field, others could not have readily been known and required digestion in the post-research reflective space.

Chapter Seven

The Analytic Lens

7.1. Introduction

The preceding two chapters have provided an overview of the practical, philosophical and ethical considerations that emerged prior to and during the time in the field. As the final chapter in this section on methodological considerations, attention is turned towards the key concepts and processes underpinning the analysis of data. The initial presentation of this chapter is devoted to Taylor's (2005, 2006) *Narrative-Discursive* approach and the tradition of discursive practice that has supported these theoretical developments, including the more recent acknowledgement of 'small stories' as a viable area of inquiry (Bamberg & Georgakopoulou, 2008). The discussion is thereafter extended with an illustration of various key concepts, namely *Canonical Narratives* (Bruner, 1987); *Interpretive Repertoires* (Edley, 2001; Potter & Wetherell, 1987); *Narrative Positioning* (Bamberg, 1997), *Trouble and Repair* (Taylor, 2006) and *Ideological Dilemmas* (Billig, 1987; 1991). Following which, the chapter concludes with a detailed account and visual representation of the phases and key analytic questions involved in conducting a narrative-discursive analysis.

7.2. Developing a tradition of discursive thought

Discourse analysis, as a form of analytical inquiry, gained attention from the late 1960s, in light of a growing dissatisfaction in social science communities. Since this time, a great deal of debate has flourished over the definitions of discourse and the ways in which it can be applied for analysis (Bozatzis, 2014; Hogan, 2013). However, despite these differences, discourse analytic approaches tend to be united in their emphasis on language and the notion that talk is a form of social action. Taylor (2001) reinforces this definition of discourse analysis as "the close study of language in use" (p. 5). In other words, one story or sequence of events can be told in multiple ways, depending on the audience and the gains to be made from that particular telling.

Broad distinctions have been drawn between the ethnomethodological and conversation analytic traditions, and the proposals put forward within the stream of post-structural or Foucauldian thought (Bozatzis, 2014). In other words, these demarcations appear to signal a divide between approaches that prioritise the micro-analytics of talk, in the case of the former, and those that focus on macro-issues like power and subjectification, in

the case of the latter. Resistance has been generated on both sides of the theoretical camps. Without simplifying the arguments too drastically, macro or “top-down” approaches have been criticised for minimising individual agency, while some linguistically-oriented or “bottom-up” approaches have been cautioned for technical and reductionist thinking that ignores contextual meanings (Wetherell, 1998).

The analytical procedures in this study are guided by Taylor’s (2005, 2006) proposition for a *narrative-discursive approach*. As the name implies, a call is made to re-evaluate and integrate the concepts and ideals emerging through various fields of analysis like narrative inquiry, discursive psychology, and Foucauldian theory. The approach draws strongly on the ideals proposed by Wetherell’s (1998) ‘synthetic approach’, by acknowledging that “identity work [is] partly but not wholly determined by larger social meanings; [as] a speaker is active, for example, in taking up and contesting these” (Taylor, 2006, p. 95). In this way, the term ‘synthetic’ is used to describe a synthesis of narrative and discursive traditions in order to provide a more textured analysis of discourse at both micro- and macro-levels.

Smith and Sparke (2008) situate the narrative-discursive approach within the banner of a “storied resource perspective” (p. 16). In relation to other fields of narrative inquiry, this perspective reflects a movement away from the strictly personal, to acknowledge how identities are culturally immersed and socially produced (Smith & Sparke, 2008). As Reynolds, Wetherell, and Taylor (2007) suggest:

the construction of an account which does identity work is not simply an individual achievement, but is shaped by the social context of the telling, and the familiar meanings and associations that become resources for this speaker and her identity project (p. 335).

As such, narratives through this lens are viewed not as a strictly coherent and stable account of the self or *being*, but rather as a social action or particular way of *doing*, that is open to shift across time and place. Therefore, the contradictions and inconsistencies that emerge in narratives as part of this ‘identity work’ are a common feature, regardless of the age of the speaker. This view advances possibilities for research collaborations with children as it circumvents adult-centric beliefs about the deficiencies and developmental immaturities of children, as opposed to adults (Alldred & Burman, 2005).

The second feature of significance in defining a narrative-discursive approach is the issue of speaker continuity. Issues of continuity and change have been engaged with

routinely in the debates regarding identity and subjectivity (see Chapter Two). Without simplifying and minimising these arguments too much, work within the narrative tradition has tended to promote a sense of continuity and stability in the ways in which individual's story their lives (Taylor, 2005; 2006; Taylor & Littleton, 2006). However, the extent to which these approaches imply an inner, lived experience, vary (Smith & Sparkes, 2008). Discursive psychologists (Edley, 2001; Potter & Edwards, 1999) have preferred the notion of 'person-in-situation', suggesting that each conversation should be seen as a stand-alone event – a new identity project that is shaped through the turn-by-turn interactions. Therefore, as some theorists have faced critiqued regarding the ambiguities in their theorisations regarding 'self/selves', discursive psychologists have faced critique for their minimisation of the continuity of identity (Crossley, 2000; Taylor & Littleton, 2006).

The narrative-discursive approach speaks to the conflicts in these areas, as it is argued that each opportunity an individual has for talk throughout their life becomes a resource for future occasions of talk and positioning, thereby creating a sense of personal continuity (Taylor & Littleton, 2006). This notion of continuity is not to be confused with the idea of a stable and coherent 'self', but rather as Davies and Harré (1990) refer, to "cumulative fragments of a lived autobiography" (p. 49). Furthermore, narratives are not just "shaped by previously presented versions [but] also by understandings which prevail in the wider storied environment, such as expectations about the appropriate trajectory of a life" (Smith & Sharpe, 2008, p. 18), as well as other meanings that are ascribed to the material realities of social life like race and age, are presented and produced within the social encounter (McKinlay & McVittie, 2011).

The suggestion that previous tellings may shape current tellings brings to light the issue of *rehearsal* (Taylor, 2005, 2006) – a term that requires acknowledgement in the field of childhood studies. As much as it can be argued that childhood is a social construct, age is an inescapable feature of life that places physical limits on time and the number of occasions available for constructing and rehearsing personal narratives. In social reality, children are largely excluded from the spaces of 'life story' or 'autobiography', as their stories are viewed *in progress*. However, rehearsal does not guarantee the stability of positionality, as the way in which individuals interact and construct their subjectivities is situationally contingent. Rehearsal is therefore considered a discursive practice that enables convenient access to particular repertoires and systems of meaning. The question of 'practice experience' in this rehearsal, as a function of age, is, however, something that requires further investigation.

7.3. Analytical Concepts: Discursive Resources and Strategies

A preference was made in this study towards acknowledging and processing the meanings of *discursive resources* and *strategies* as they emerge in the conversation exchange. For Reynolds and colleagues (2007), a discursive resource is understood as “a set of meanings that exist prior to an instance of talk and [are] detectable within it” (p. 335). These socio-cultural ways of understanding circulate in society and may be reinvigorated in the context of the narrative exchange. Therefore, while each story or conversation is unique, the exchange may still be underpinned by familiar and shared resources.

Previous research has made reference to discursive resources as ‘scripts’ (Morison, 2011), or ‘culturally available plots’ (Mishler, 1999). For the purposes of this study, attention is drawn to the discursive resources of *Canonical Narratives* (Bruner, 1987); and *Interpretive Repertoires* (Edley, 2001; Potter & Wetherell, 1987); as well as other key analytic concepts that refer to the discursive practices (Davies & Harré, 1990) surrounding engagement with these resources for identity work, most notably the issue of ‘positioning’, ‘trouble’ and ‘repair’. The usefulness of these terms is elaborated in greater detail, as follows.

7.3.1. Canonical Narratives

The term ‘canonical’, which is typically used to denote a level of familiarity and acceptance, was incorporated into Bruner’s (1987) concept of “canonical narratives”. As such, canonical narratives are regarded as broader meta-narratives that provide culturally familiar ways of sequencing and structuring life trajectories (Taylor & Littleton, 2006). Previous research has made reference to the dominance of the ‘coupledom narrative’ in Western culture, as a general storyline of how life unfolds, progressing from dating to marriage to procreation (Morison, 2011; Reynolds & Taylor, 2005).

Canonical narratives have even featured in the realm of youth and school-based studies, as Phoenix and Frosh (2001) make reference to hegemonic masculinity as a particular canonical narrative or cultural resource for how young boys may live their lives. As such, canonical narratives provide a recognisable storyline for life or metanarrative that may be adopted, adapted or resisted by speakers, in shaping their own biographies. In light of the pervasiveness and currency of canonical narratives, it is recognised that there may be social consequences and tensions in actively refusing or failing to meet these storied expectations, which require a careful negotiation and repositioning.

7.3.2. *Interpretive Repertoires*

Edley (2001) defines interpretive repertoires as a “relatively coherent way ... of talking about objects and events in the world” (p. 198). An important distinction is not to view interpretive repertoires as meanings that can be adopted and transplanted for interpretation; rather it is to recognise that these repertoires form the ‘building blocks’ of conversation (Edley, 2001), or as Wetherell (1998) refers, a “back-cloth for the realization of locally managed positions in actual interaction” (p. 108). Therefore, although interpretive repertoires appear similar to discourse in terms of the systems of shared meanings, interpretive repertoires place greater emphasis on human agency (Edley, 2001).

The presentation of interpretative repertoires may take many forms, including anecdotes, clichés, illustrations, and metaphors. Less interest is generated in how many times a person reproduces a particular interpretive repertoire, compared to exploring *how* a repertoire is taken up and contested by multiple speakers across particular conversational spaces. It is therefore not enough to just identify repertoires, but it is important to understand the uses and functions of the repertoires and the possible difficulties in their use. In this analysis, the position of Taylor and Littleton (2006) is adopted in suggesting that interpretive repertoires may speak to broader social patterns or biographical storylines, such as those previously referred to as canonical narratives.

7.3.3. *Narrative Positioning*

The *Theory of Social Representations* (Moscovici, 1984) was regarded as a promising development in the field of social psychology to provide insight into patterns of human behaviour and self-understanding. One of the major advances in the approach was a movement towards thinking as a shared, social activity, rather than a pattern of individual cognitions and beliefs. However, the approach has been criticised by theorists in the field of discursive psychology for failing to clarify the underlying principles of cognitive psychology and for presenting social representations as typifications or identity categories (Potter & Wetherell, 1987; Potter & Edwards, 1999). Radley and Billig (1996) reflect on this latter tension, suggesting that the theory may be better applied as an activity (the *doing* of “social representing”), whereby people are reinforcing particular ideologies through their talk, as fashioned within the context of a social situation.

In this study, the *Theory of Positioning* (Davies & Harré, 1999; Harré & Moghaddam, 2015) is preferred within the fold of a post-structural orientation, as it offers an opportunity to move away from static conceptualisation of roles and identity types. The notions of ‘self’

and ‘other’ are central in this regard, as they underscore the relational ways in which meaning is produced and negotiated in an interactional context. Positioning may, therefore, be considered as ‘interactive’, in reference to being positioned by/or positioning another, and ‘reflexive’, in regards to the positioning of oneself (Davies & Harré, 1999). From this perspective, everyday interactions are shaped by the social meanings and significance of the encounter and the multiplicity of potential story lines that are available to the speaker.

The concept of *subject positions* has been introduced to describe the different sets of meanings and spaces through which people come to construct their sense of ‘self’ in the world. Davies and Harré (1999) expand on this definition by suggesting that a subject position is “both a conceptual repertoire and a location for persons within the structure of rights and duties for those who use that repertoire” (p. 35). This focus on ‘rights and duties’ highlights issues of power and agency by suggesting that speakers are positioned in line with particular expectations that operate within the dominant social culture.

Foucault tends to adopt a more deterministic view of subject positions, in arguing that the subject is produced within discourse and therefore cannot exist outside of discourse in order to construct knowledge and power (Hall, 1997). However, critique has emerged about the theorisations for ‘subject positions’ that either preclude agency or more commonly, those theorisations that support a ‘thin’ view of agency centred on either acceptance or resistance of positionalities (Wetherell, 1998). The view espoused in this study is closer to that of Wetherell (1998), who argues against discourse as the ‘active agent’ suggesting that “what more clearly fuels positioning is *accountability* or participants' orientations to their setting and the emergent conversational activities” (p. 401).

Bamberg’s (1997) theorisation of *narrative positioning* and the *narrative subject* grants “more centrality to the speaker's active engagement in the construction process of narratives” (p. 341). It is recognised that speakers bring forward an awareness of a complex web of prior positionings that shape their active engagement and negotiation of positionalities. That it not to say that speakers are fully agentic as they still operate within the constraints of social structures and conferred meanings, however, speakers are also actively evaluating, adopting and adjusting discursive resources as part of their own ‘self-project’. Narrative positioning provides space to acknowledge this complexity, inconsistency, and tension, as illustrated in the following quotation:

In making choices between contradictory demands there is a complex weaving together of the positions (and the cultural/social/political meanings that are attached to those positions) that are available within any number of discourses; the emotional

meaning attached to each of those positions which have developed as a result of personal experiences of being located in each position, or of relating to someone in that position; the stories through which those categories and emotions are being made sense of; and the moral system that links and legitimates the choices that are being made (Davies & Harré, 1999, p. 270).

7.3.4. *Trouble, Rehearsal, and Repair*

Potter (2004) refers to Billig's (1987; 1991) concept of *rhetoric* and the rhetorical organisation of discourse, to highlight not only what is said in conversation, but to focus on what is *achieved* in conversation by adopting a certain argumentative stance. At the centre of the narrative-discursive approach is an understanding that there are multiple constraints inherited prior to and/or emerging within the conversational space that may cause 'trouble' for the speaker (Taylor, 2006). Taylor's concept of 'rehearsal' is significant in this regard, as it locates the micro-context of an interaction, within the continuity of previous personal tellings, and the wider social milieu. In other words, "narrators construct their current account in relation to the present audience but also, to prior tellings and the broader discursive context" (Morison, 2011, p. 108). However, rather than viewing these contexts as separate, it is helpful to view them as levels of meaning-making for the identity project, as reflected in Figure 3 on the following page.

Looking first towards the immediate interactional context, there is a social expectation that individuals should present with a level of 'consistency' in thought and action. As such, conflicting remarks and opinions within a conversational space, and even across previous tellings, introduces trouble, which necessitates repair. Trouble may also arise in the interactional context due to the recognition of prior positionings. In this study, prior knowledge of my role as a psychologist may have 'troubled' the availability of particular meanings around ADHD, such that individuals in the conversational space could not deny the condition outright. This trouble is 'situated', as the same conversation with a non-medical practitioner may not have yielded the same constraints. These fragments of previous tellings and prior positionings are significant, as they pose:

a constraint on a speaker's identity work because they trouble new positionings which can appear to be inconsistent with them. They establish limits to the range of identity work which can take place within any occasion of talk and thereby create continuity across occasions of talk and a likelihood that patterns will be repeated (Taylor, 2005, p. 48).

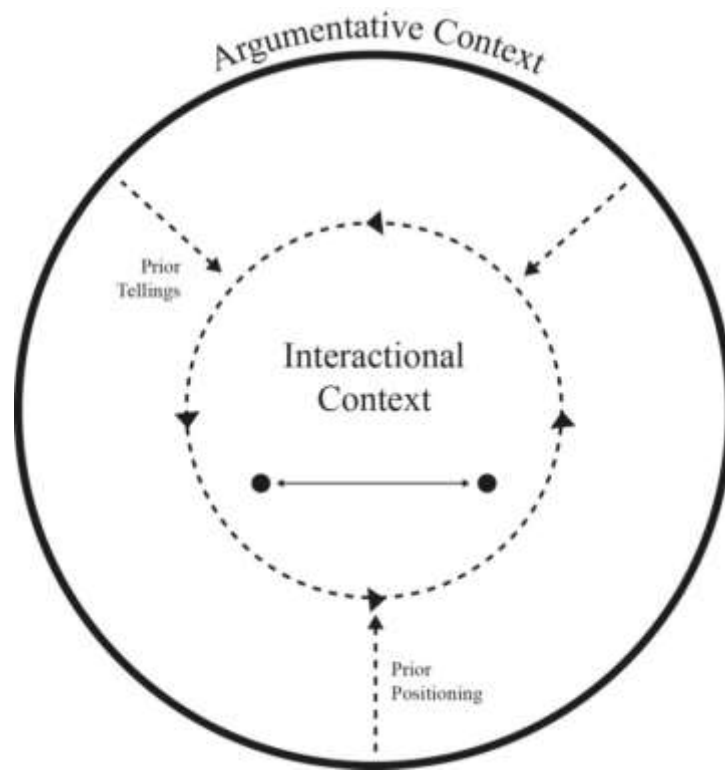


Figure 3. The Intersection of the Interactional and Argumentative Contexts²⁵

The second layer of trouble, which is referred to in this study as *ideological dilemmas* (Billig, 1991) speaks to conflict that may arise at the macro-level of discourse. For example, when educators are speaking about their experience of dealing with learners with ADHD, they are engaging in conversation as two professionals, but they also positioning themselves in relation to wider debates around desirable childhoods and adult responsibilities. Therefore, just as speakers aim towards continuity of presentation in the immediate interactional space, there is a need to avoid negative positionings from a wider, imaginary audience (Taylor, 2006).

The concept of ‘repair’ is used to refer to the discursive practices and rhetorical strategies that are employed to deal with this trouble that emerges (Wetherell, 1998). Billig (1991) argues that analysts should focus on moments of ‘justification’ and ‘criticism’ within the conversation to guide this analytic process and to uncover this dynamism of trouble-repair. Although there is no single comprehensive list, rhetorical devices may include a revision or qualification to statements like, “Well, what I mean to say...” (Morison, 2011);

²⁵ The use of broken lines within Figure 3 is to illustrate permeability, in relation to the shifting positionalities across contexts.

pre-story negotiations and deferrals (Bamberg & Georgakopoulou, 2008); as well as other verbal utterances and hesitations that may be noted within the conversational features.

However, not all trouble necessitates ‘repair’, as different contexts and conversations may yield different levels of tolerance towards the inconsistencies that emerge in the narrative account. Edley (2001) challenges the notion that these dilemmas are disabling, and proposes that they are “a wonderfully rich and flexible resource for social interaction and everyday sense-making” (p. 203), that activate speakers to attend to and construct different positions.

7.4. Analytical Procedure

In approaching the formal analytic phase, an important issue surfaced as to what constitutes data, particularly in the context of a feminist post-structural ethnography. These tensions emerge across an ethnographic orientation that calls for multiple accounts of rich, detailed description within the field; a feminist perspective that prioritises researcher reflexivity as to how and why descriptions are presented in a certain way, and a post-structural orientation that problematises the nature of observational research and calls for a focus on language and text as the site where meaning is produced.

Towards the resolution of time in the field, three different types of data had emerged, including the audio-recorded dialogue from interview activities and group sessions; brief observational notes of events and activities that had occurred outside of a formal audio-recorded space, and the personal reflection notes from in the field. Potter and Wetherell (1987) issue a caution towards the collection of too much data, owing to the time-consuming and detailed approach required within discursive work. As such, the decision to recruit fewer participants in this study and to focus on a selection of interview transcripts in the analysis was supported.

The analysis for the study proceeded through three broad phases:

1. Data Management and Transcription
2. Preliminary Analysis
3. Narrative-Discursive Analysis

7.4.1. *Data Management and Transcription*

Transcription was protracted over a period of six months, pending financial constraints and staff availability. Three research assistants, two of which were Psychology students, were

employed to assist with the initial round of transcription, which included data extracted from the child interviews and the two educator focus groups. Assistants were provided with a digital template produced in Microsoft Word and a rudimentary list of transcription conventions to ensure continuity in reproduction. All interviews, focus groups, and group sessions were conducted and transcribed in English, owing to the English medium of the school.

It is acknowledged that transcription is not an ‘empty function’ that should be appointed to outsiders but rather an opportunity to gain familiarity with the textual data. Ownership of the transcription process also facilitates an integration and contextualisation of the conversational exchanges with an enriched insider-perspective that is linked to the relevant field notes. As such, each of the digital transcript documents was reviewed by me in conjunction with the audio recording to correct any potential errors and misinterpretations in speech, and to provide greater interpretive detail regarding the potential interjections and expressions.

Owing to the general noise and interruptions during the group sessions with boys, much of the audiotaped conversation in that context was rendered inaudible. Attempts were therefore made to ‘reconstruct’ and piece together the actual words of the conversation using the audio in conjunction with the jotted field notes, resulting in a series of small conversational exchanges from each encounter. Although these extracts lack the ordering of traditional narratives, they are still considered valuable for a narrative-discursive approach where focus is placed on the function of talk relative to the content (Bamberg, 2006).

Real world talk is messy and conflated with grammatical errors, abbreviations, utterances and narrative inconsistencies that disrupt the fluidity and logic of expression. In the case of research outputs, transcript material is often presented in an ‘orthographic’ format, in which talk is organised through structured and punctuated sentences that increase the readability for the audience (Potter & Hepburn, 2005). Similarly, for the sake of brevity and the practicalities of word count limitations, the selection of participant excerpts in the analysis are often presented in an isolated fashion, and is not situated in relation to the preceding and succeeding talk. The analytical consequence is that talk is presented in a definitive way, “rather than [as] a specific answer to a specific question put by a specific interviewer” (Potter & Hepburn, 2005, p. 284).

There is no universal formula or guideline for the transcription of speech acts (Hogan, 2013; Taylor, 2001). As such, careful consideration has been noted about the representation of the selected text in this study and the claims towards what can be considered a ‘voice’ in

the context of the research agenda (Tisdall, 2012). In a discursive tradition, the analyst is said to be “concerned with the detail of the passages of discourse, however fragmented and contradictory, and with what is actually said or written, not some general idea that seems to be intended” (Potter & Wetherell, 1987, p. 168). As such, an ongoing tension exists between offering readability for a specific audience and overly-filtering text, such that nuanced expressions are lost.

The transcription in this study involved an adaptation of the conventions put forward by Jefferson (1984) [See Appendix 10: Transcription Conventions]. Simplified versions of these conventions have been employed by other doctoral students engaged in discursive analyses (Davies, 2014; C. Gray, 2008). While these conventions do not reflect an in-depth linguistic deconstruction, they do offer a more nuanced account of the spoken word through the recognition of paralinguistic cues (pauses, interruptions) and observed gestures or utterances (movements, laughter). Therefore, not only do these conventions acknowledge the practical realities of group work, in terms of demarcating interruptions and overlapping speech, they are also argued to provide adequate detail of the social functioning of the interactional context, as prioritised within a narrative-discursive analysis.

When representing the transcript text in Chapters Eight through Eleven, additional care has been taken to insert my voice into the conversation, where possible, by including my questions, comments, interjections and verbal prompts. This is important to situate the interaction and engage in reflexive practice as to the role of my positioning on the meaning-making process. The use of the abbreviation LAT (initials) is used to denote my voice, while pseudonyms are employed for all the subsequent speakers.

7.4.2. *Preliminary Analysis*

Once the electronic transcripts (MS Word) were carefully reviewed and edited, they were imported into the *Nvivo* analytic software (version 10). Although the transcripts represent one body of data in relation to constructions of ADHD, the transcripts were initially reviewed as four different sets of speaker accounts. In other words, Remedial and Mainstream educator transcripts were held as different from each other, and simultaneously different from the Mainstream and Remedial child speakers. Aside from adopting a more orderly system of analysis so as not to be overwhelmed by the data, the contained process also guarded against drawing assumptions about shared discursive resources that were not readily apparent across speaker accounts.

The analytic research questions proposed at the start of the research were revisited in preparation for the initial coding. Owing to the broader nature of these questions, it was anticipated that the analysis would progress through various layers of coding towards a more sophisticated reading (Potter & Wetherell, 1987). The initial sorting of the data was an important analytic phase. Not only did it increase familiarity with the text as a whole, but it enabled reflection on internal biases and preferences in constructing meaning.

Through the Nvivo software, segments of text from transcripts were highlighted and tagged with descriptive labels, in order to provide a general overview of the content emerging within accounts. The descriptive codes were then reviewed and collapsed into shared groupings of meaning or ‘themes’ that were then visually plotted in relation to each other, in order to view the scope and complexity of ideas produced. However, to rest at this level of grouping would be tantamount to a simplistic content analysis, and as Potter and Wetherell (1987) caution, “we are in the business of producing a body of instances, not trying to set limits to that body” (p. 167)

While coding is helpful to gain an understanding of the broader similarities and differences emerging across accounts, it is recognised that the coding approach may lead to a decontextualised and fragmented view that minimises the situated nature of the talk (Hogan, 2013). In acknowledgement of this concern, multiple readings of the full transcripts took place, often within supervision consultation, to facilitate dialogue and reflection around personal ideologies and the effect on the research. While working in the field, and engaging with the initial transcripts, it was felt that gender alone was inadequate to capture the complexity of identity politics taking place (Hankivsky, 2012). This reflection led to a consideration of intersectionality as an analytic tool.

Although there is no standard methodological approach for intersectionality; which is a frequent area of critique (Phoenix, 2006), the burgeoning interest in the area has resulted in various intersectional guidelines and critical discussions; which includes examples like Hankivsky’s (2012) critical questions for research design. In this study, Maria Matsuda’s (1991) proposition of the ‘other question’ was used to anchor the intersectional lens:

When I see something that looks racist, I ask ‘Where is the patriarchy in this?’ When I see something that looks sexist, I ask, ‘Where is the heterosexism in this?’ When I see something that looks homophobic, I ask, ‘Where are the class interests in this?’ (p. 1189)

While appearing relatively simple, the aim of the questioning process was to complicate and disrupt the initial reading of the texts to consider other social constructs and patterns of potential subordination that were masked by my initial positioning. The difficulty with this approach is to consider which questions to ask and at which point to stop, without risking too narrow a focus or unnecessary conflation. Lutz's (2014) recommendation to "cross question [] the categories that come to the fore at first sight" (p. 11), is somewhat of a vague guideline. However, in expanding on this view, I reflected on my own concerns regarding participant exploitation as a gateway to understanding the potential fields of oppression that were operating in the interactional spaces.

Through this process, three major tensions were foregrounded: adult ↔ child; girl ↔ boy; able ↔ disable. Although this is far from an exhaustive list, these sets of binaries provided a starting point for my initial questioning, while also enabling a consideration of what in the analysis might not be explained by these categories. This is important as individuals are not automatically oppressed by all social structures, all of the time, in all spaces (Hankivsky, 2012). Furthermore, as has been engaged with in Chapter Two, these social categories are not definitive of a singular 'self' but are implicated in a multiplicity of selves that are open to contestation.

7.4.3. Narrative-Discursive Analysis

As a developing analytic approach that is somewhat eclectic in nature, various authors have contributed their understanding of the principles, terminology and proposed analytic steps or stages for narrative-discursive work. The approach advocated in this paper is guided primarily by the work of Taylor and Littleton (2006) as drawing on Wetherell's (1998) 'synthetic approach', and Bamberg's (1997) theorisations regarding narrative positioning and the usefulness of small stories (Bamberg & Georgakopoulou, 2008). Previous doctoral studies (Bean, 2011; Morison, 2011) have offered an approach to narrative-discursive analysis or synthetic analysis (Davies, 2014) that reference dimensions of these approaches, however, none of these studies have involved the participation of child speakers.

In the following discussion, a diagram [see Figure 4] has been conceptualised to illustrate the analytical phases and relevant key questions informing the analysis in this study. The choice of a diagrammatic representation was favoured over a table of methods in an attempt to reflect the dynamic and iterative nature of this process as compared to a linear accomplishment of stages. The use of a diagram is also beneficial to prompt more critical,

creative and metaphorical engagement with the concepts and their potential relationship to each other.

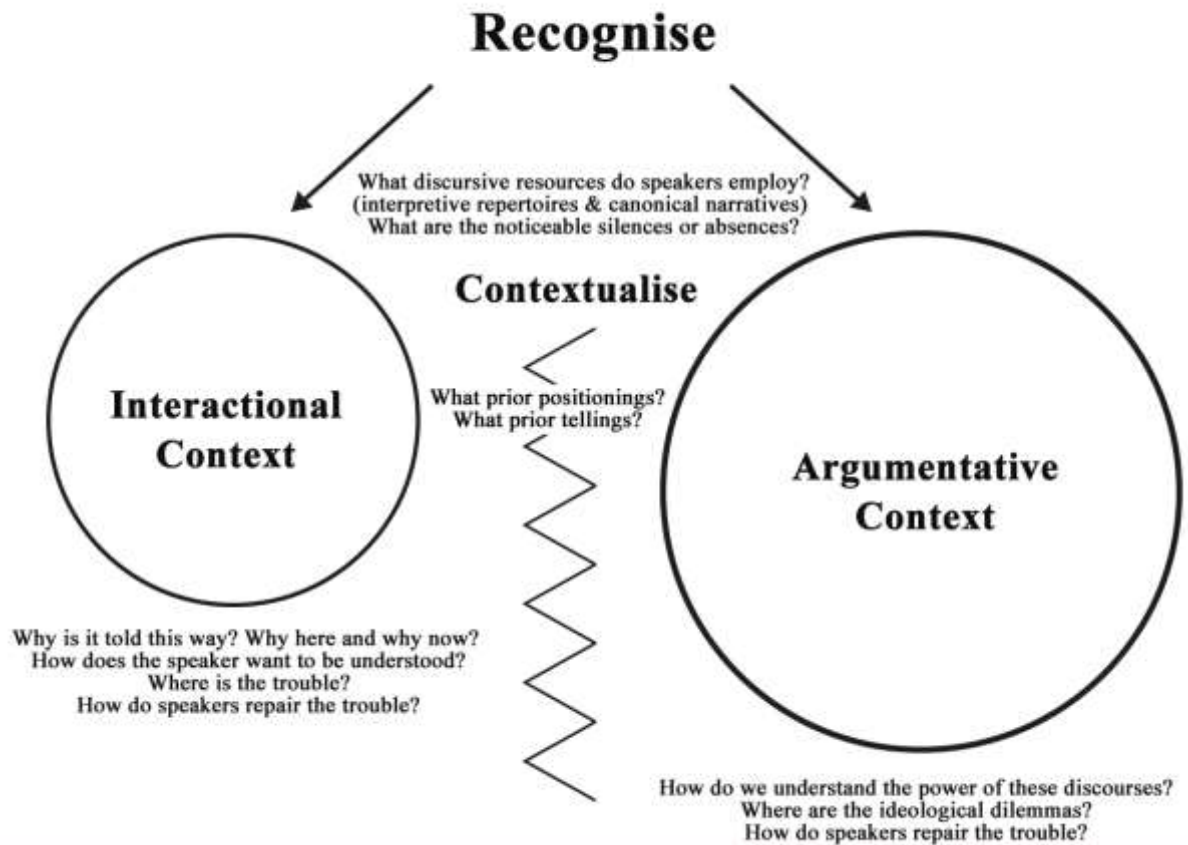


Figure 4. The Phases of Narrative-Discursive Analysis with Critical Questions

Recognise

The first element to the analytic procedure is described as a phase of recognition, whereby the primary aim is to explore the various discursive resources (interpretive repertoires and canonical narratives) that are being generated by participants. I have resisted using the term ‘identify’ which tends to suggest a fixed meaning that is being uncovered and rather prioritised the terminology of ‘recognise’ to acknowledge my own role in refining these discursive resources. Following on from my preliminary analysis, I reviewed the descriptive codes in terms of the commonalities and points of divergence across accounts (Taylor & Littleton, 2006). I also made a note of the unacknowledged systems of meaning that were not produced in accounts, despite their ascendancy in similar research conversations.

The approach to exploring and naming discursive resources was guided by the suggestions put forward by Reynolds and Taylor (2005). I refer to these approaches as ‘in-

text', 'in-theory', and 'in-researcher'. The in-text approach refers to the patterns that emerge through the sorting and coding procedures employed, and are arguably most closely rooted in the data. In this way, the labeling of resources is most likely to mirror the direct language and terminology employed by speakers. For an in-theory approach, resources may be evidenced through the findings of previous analysts or established theoretical works that have become part of the everyday. For example, the nature-nurture debate is a prolific concept in the domain of psychology and has therefore become firmly rooted in a system of available meanings related to child development. Lastly, the in-researcher approach draws attention to the insider perspective and previous experiences of the researcher in shaping which features come to the fore (Potter & Wetherell, 1987).

Contextualise

If the Recognise phase was driven by the 'What' questions (what discursive resource; what silences or absences); the Contextualise phase is centred on the 'Where', 'How' and 'Why' as it looks to provide an understanding of the function of discursive resources in particular contexts and the implications for speaker positioning.

Looking first at the *interactional context*, interest is generated in the function of talk within the immediate interview space. Whether in an individual interview or as part of a group setting with peers, analytic questions are prompted as to how speakers are positioned by self (reflexive) and other (interactive) through their engagement with discursive resources, and the ways in which they negotiate 'trouble' through the use of rhetorical devices. For example, why does one boy readily subscribe to positionalities as 'joker' within a group setting, yet asserts a position of rational sensibilities within the individual interview? In asking questions of the speakers, attention is also granted to my positioning as the researcher as part of this exchange.

Analysis within the *argumentative context* widens the lens from the micro-level exchange, to the role of the broader macro-level discourses that constitutes available systems of meaning for identity work, and the potential 'trouble' or 'ideological dilemmas' in this space. Finally, the third space for analysis refers to *prior positionings*. The conceptualisation offered in this study is that the prior positionings occupy the dynamic space between the interactional and argumentative context, as they are brought to bear in engaging with discourses at either level. These prior positionings are constituted by the autobiographical self in terms of the resource of prior tellings, as well as the material features of the embodied self, which in this study speak specifically to sex, age, and disability. In other words, a

speaker may already be positioned within a particular discourse by virtue of being diagnosed with ADHD.

7.5. Concluding Remarks

Throughout this course of this chapter, attempts have been made to order and refine the understanding of the analytical procedure, through engagement with key theoretical concepts, as well as the development of conceptual schemas. It has been argued that various features play a role in shaping the rhetorical devices made available to and taken up by speakers as part of their identity work. In summary, these features may be interpreted at the micro-level of the conversational exchange and schooling context, at the macro-level of social discourse surrounding boys and educational performance, and through a canvas of life narratives that order these elements over time. Considering the depth and complexity of these features, the following presentation of findings has been structured along four chapters.

Attention is firstly granted to the metanarratives or master narratives emerging through the group sessions. Rather than being a simple categorisation of themes, group conversations provided an opportunity to construct and deconstruct various self/other positions in relation to the ADHD. To manage the complexity of accounts, a decision was made to represent this material in two chapters – namely the ways in which boys sought to define their ADHD, and how they employed different narrative devices to negotiate their positions in group conversations with the researcher. Lyotard (1984) is noted in this regard for his critique of the totalising nature of grand narratives, and his call for the plurality of smaller, localised narratives (or *petits récits*). As such, the third results chapter provides an opportunity to explore the private accounts of some boys on their experiences living with ADHD in one-to one interviews with the researcher. In the fourth chapter, there is a deliberate shift from the boys' accounts to explore the dominant ADHD narratives emerging from the accounts of the adult other, namely the Remedial and Mainstream school educators.

PART THREE

NARRATIVE DISCURSIVE ANALYSIS



(Hamilton, Swan, & Klein, 1965)

Chapter Eight

Disabling Narratives of ADHD – The Public Performance of Boys

8.1. Opening Remarks

Phoenix and Frosh (2001) explored hegemonic masculinity as a canonical narrative, whereby stories of dominant masculinities influence and shape the personal narratives of young boys in their early adolescent years. However, the research questions in Phoenix and Frosh's (2001) study were geared towards exploring how participants 'do boy'. In this study, focus is centred on how boys 'do ADHD', and the different positionings that may emerge within this context of difference. As such, rather than seeing masculinity as a potential 'output', it is considered how 'boy', among other potential identifiers, may be embedded in the resources for identity-work in the context of ADHD.

In attempting to understand the normative discourses that pervade the public presentational space, it is acknowledged that repertoires of meaning may shift or bend across different learning contexts. However, boundaries between Remedial and Mainstream education are not absolute, as some Mainstream boys experienced learning difficulties, while those in Remedial reported a history of attending Mainstream schooling. These dynamics introduce a tension in categorising responses as purely Mainstream or Remedial and detract from an organisation of thematic content or chapters along these divisions. Furthermore, to rest the analysis at the point of metanarratives legitimises this discourse and ignores the aspirations and contestations at the level of the individual.

8.2. The Boys

Before proceeding to this analysis, it is important to provide a brief overview of the boys participating in this study and the peer group dynamics supporting these exchanges. Throughout the chapters, quotes are identified as Remedial or Mainstream, with the name of the speaker indicated with the relevant initial.

8.2.1. Remedial

The Remedial group comprised five boys, each drawn from a different class, ranging from 10 to 11 years of age. Participation of a potential sixth member was withdrawn by his mother prior to the commencement of the groups, as discussed in Chapter Five. In terms of race, as

an embodied category, the group could be identified as three White, one Black, and one Indian member. These included Nigel (N) in Grade 5; Mark (M), Trevor (T), and Sam (S) from Grade 4; and Jason (J) in Grade 3.

Within the group setting, Mark was the most dominant voice and immediately garnered my attention due to his interruption of conversations and the demonstration of jokes, replete with actions and sound effects. As such, the dynamics within the Remedial group and the references to other boys in the analysis are often positioned in relation to Mark. For the most part, the other four members of the group appeared to express enjoyment of Mark's humour as they actively encouraged or showed little resistance towards his telling of jokes. On one occasion, Mark found a book in the room where the sessions were being held that showed an abstract drawing of a semi-naked woman. His offering of the book to me was a mix of coyness and delight, as he reveled in my potential offense.

Despite Mark's brash conduct in the group setting and his ongoing attempts to derail the conversation during our individual sessions, it came to my awareness that he had been nominated for the good fellowship award by peers in his class. This disjuncture alerted me to the power of the research context in providing a space for the construction of alternate subjectivities, and the gains to be made by Mark for adopting such a subversive stance in the research space. Trevor, by contrast, was the most task-focused and repeatedly asked for the group to retain focus. His comments were often defied by Mark who teased Trevor by calling him a 'girl' or using racial slurs. Only Nigel, the most senior boy in the group, and the other boy of colour, was able to reprimand Mark on behaviour that he considered racist. Nigel appeared to navigate the group with the most ease as he issued support to Trevor's claims to keep focus, while also sharing in and adding to Mark's repertoire of anecdotes.

As the year was drawing to a close, decisions were to be made about which students would remain in Remedial and which ones would return to Mainstream. Both Nigel and Jason were due to exit the Remedial Unit at the end of the year. While Nigel's future plans were somewhat uncertain as he had to exit due to his completion of his final year in Grade 5, Jason's plans were more firmly established as he was proceeding to an alternate Mainstream school due to the scholastic progress he had made during his two years of enrolment. Various moments of conflict emerged between Mark and Jason in relation to schooling expectations. However, unlike Trevor who ignored Mark's teasing, Jason was prone to retaliate, often referring to his school abilities as a comparative edge over Mark.

The final member of the group, Sam, was generally the least expressive participant during both group and individual sessions – a response that he attributed to the dulling effects

of his medication. Sam's lack of participation was recognised by the others, as summarised by Nigel's remark, "No, he'll just sit there". Aside from one altercation, in which Sam was personally offended by Mark's statement that 'blondies' are stupid, Sam's position in the Remedial group was relatively 'under the radar' and much of his contribution pertained to his involvement in sport and peer conflict with the Mainstream boys.

8.2.2. *Mainstream*

The Mainstream group comprised four boys (one White, one Black, and two Coloured) aged 10 to 12 years. This included Andrew (A) and Peter (P) from two different Grade 5 classes, and George (G) and Christopher (C) from within different Grade 4 classes. As compared to the Remedial group, boys in the Mainstream group preferred the opportunity for individual sessions and interviews and were also more inclined to open up about their ADHD-related insecurities within the private space.

Conversations were primarily lead by Andrew and Peter, the older boys in the group. Andrew appeared to share a closer friendship with Peter, with the two regularly engaging in activities together that included rehearsing popular rap songs. George was also an active participant in the group however his excitable and overly-eager approach frequently resulted in social misunderstandings and peer conflict. For example, George identified Christopher as his friend, however throughout our interactions Christopher poked fun at George's behaviour and mimicked his actions in what could be described as a flamboyant and 'camp' style. Christopher was the most defiant in group sessions and was particularly inclined to undermine activities and interrupt others while in conversation. It was during one of the first sessions, that Andrew, Peter, and George conspired to lock Christopher outside the classroom, in order to 'teach him a lesson' about his rude behaviour.

Typical conversation themes for the group included 'hanging out' with friends, familiarity with music and television programmes, and especially exposure to different Playstation video games. Boys jockeyed for position as to who owned the best games or had the most advanced experience with playing and used the opportunity to educate me on the workings of multi-player games like *War Craft* and *Grand Theft Auto (GTA)*. Not only were these games a material resource, but participation signaled belonging to a machismo culture that challenged the broader limits of 'childhood', particularly in terms of GTA, which carries an age restriction of 18 years. Unfortunately, George was largely excluded from these conversations, yet again, owing to his financial constraints and parental restrictions.

8.3. ADHD: Difference or Disadvantage?

The purpose of this first chapter in the results section is to ground the boys' accounts within the recognisable master narratives of ADHD. Individuals may be exposed to various narratives about their health that reflect a spectrum of medical or non-medical accounts (Bringewatt, 2013). However, as discussed in Chapter Four, not all health diagnoses are constructed the same, owing to differing symptoms, perceived aetiologies, and patterns of chronicity. Schooling environments are also important in hosting and shaping the channels through which an individual's difficulties may be expressed and understood (Singh, 2011). For example, in contexts where peer conflict is rife, aggression may be the primary channel for framing issues of self-control, as compared to other environments in which academic performance is the main channel for expression. Understanding how boys frame ADHD is an important first step in understanding how they take up or rework these repertoires of meaning in their positioning of self and other.

Although it is acknowledged that ADHD may present adaptive capacities, these benefits were noticeably absent from the group rhetoric in this study, as ADHD was routinely constructed as a 'disadvantage' or barrier to performance. That is not to say that the boys adopted a wholly deficit view of self, but rather that specific aspects of their performance, like concentration and self-control, were seen as outside the normative schooling requirements, and therefore constructed as problematic in the public conversational space. To understand why boys were able to openly acknowledge this disadvantage, one needs to consider the research process and schooling environment fostering these conversational exchanges, as well as the broader discourses surrounding acceptable boy behaviour and the discursive strategies used to attain these ideals.

The telling of a story about a 'disadvantaged' child may evoke familiar scripts regarding identification and intervention, blame and responsibility, as well as perceptions of current and future risk. In Singh and Baker's (2013) study of ADHD in the UK and the USA, children's accounts were underpinned by either a 'performance niche' where the focus is on educational achievement; or a 'conduct niche' based on social and behavioural concerns. Simply speaking, these niches prescribed 'doing well' or 'being good'. In the context of this study, four narratives emerged from within the public performative space to construct the ADHD child as 'at-risk' along similar categories of experience. These repertoires are defined as *faulty bodies*, *underachievers*, *unhinged*, and *outcasts*.

8.3.1. *Faulty Bodies*

It is argued throughout the analysis, that Remedial and Mainstream learning environments provide different contexts through which boys construct their diagnoses and positionalities. Various features in the school environment like the physical and spatial arrangement of the learning units, racial and socioeconomic patterns of learner enrolment, and medication distribution work to reinforce potential categories of difference related to race, learning potential and mental well-being. Boys in the Remedial group were also exposed to more of an overt medical dialogue around ADHD owing to the frequent psychoeducation that was presented to families within this learning environment. It was therefore somewhat unsurprising that boys with a Remedial background would describe their ADHD symptomology through the standard psychodiagnostic criteria of lacking control, being hyper, or struggling to concentrate:

Excerpt 1 [Remedial]

- 1 J: What's ADHD?
- 2 M: You're ADHD]
- 3 J: What's ADHD?
- 4 S: It means that you can't control yourself and ...
- 5 M: I'm ADHD]
- 6 N: You're hyper]
- 7 S: You're hyper, you =
- 8 N: Just like something (.) and then it means you can't concentrate properly]

The uptake of these descriptors, particularly the use of the term 'hyper', provides insight into the workings of these psychobehavioural discourses and the processes of medicalisation, where difficulties are reframed through medical frameworks (Conrad, 2007). However, in the case of youth, where access to medical information is inconsistent or incomplete, exposure to medical terminology may introduce confusion (Bringewatt, 2013). Individual variations were observed in the boys' knowledge about ADD and/or ADHD, with none of the boys correctly identifying the abbreviation for ADHD and others questioning the use of these terms [*see* Jason's questions, Excerpt 1, Lines 1-3]. What is interesting is how boys are able to operationalise this medical language, without even a proper understanding, to demarcate 'difference':

Excerpt 2 [Remedial]

- 1 M: ADD] it means that- anger management=
- 2 N: No, that means you have a disability. I mean you, um ...
- 3 M: You're dyslexic.
- 4 N: What does that mean? Use smaller words people, I'm not in high school yet.
- 5 M: Okay, like [name of female peer]
- 6 N: Okay, ja?
- 7 M: She's dyslexic.
- 8 LAT: So what does that mean?
- 9 M: I don't know. I just like calling her that.

In Excerpt 2, Mark reveals not only an incorrect definition of ADD [Line 1] but a lack of understanding as to the use of the term Dyslexic. However, he is still able to operationalise this term to isolate and marginalise his peer. Through this exclusionary othering and reflexive positioning, Dyslexia becomes a holder for more severe or additive pathologies that ultimately work to minimise the severity of Mark's own ADHD.

Although the boys were not directly asked "what causes ADHD", their conversations around medication adherence reveal underlying biological assumptions that locate ADHD in the brain. The following excerpt reflects one of these exchanges where George argues that drinking coffee will dissolve the medication and interrupt efficacy:

Excerpt 3 [Mainstream]

- 1 G: I could show you a picture of the person's inside and I could show you all the pipes that it
- 2 goes through and where, where the route, which pipe the food goes through and which pipe
- 3 the tablets go through and stuff, that's why. One pipe for air, the other pipe for, for food, and
- 4 another, and one pipe, another pipe for tablets or, and for going to your brain.
- 5 LAT: Oh so does it go to your brain, is that what you, you're saying?
- 6 G: It goes everywhere where, where, where it helps. It goes everywhere where you need
- 7 help.

It is through George's description of tablet use, amidst the general inaccuracies of this understanding, that ADHD becomes rooted within the body. The suggestion put forward is that this difficulty may resonate primarily in the brain, however upon questioning, uncertainty is introduced as George quickly announces that the medication infiltrates "everywhere where it helps" [Lines 6-7]. Similar research has suggested that young people can often identify a

problem within the ADHD, but have a very thin understanding as to what this diagnosis or term means (Kendall et al., 2003). However, the consequence of George's vague description is a tendency towards constructing ADHD as 'something' that constitutes his very being, rather than one isolated facet.

Andrew, another member of the Mainstream group, reinforces this physiological explanation by suggesting that his aggressive actions are linked to a biological make-up that renders him different from others:

Excerpt 4 [Mainstream]

- 1 LAT: Okay, so what does the Bio-Strath²⁶ do?
- 2 A: Takes the fight, the badness out, and always go to the toilet quickly, that's why I never
- 3 took it, 'cause it takes me to the toilet a lot, every day.
- 4 LAT: So you didn't take the Bio-Strath this morning though?
- 5 A: No I didn't took it. ((sic))
- 6 LAT: But you didn't fight even though you felt angry? [*question references an earlier incident within the group*]
- 7 A: I didn't want to fight 'cause I know what's gonna happen. ((sic))
- 8 LAT: What would happen?
- 9 A: Peter saw that you were about to cry, were you?
- 10 LAT: No.
- 11 A: Peter, when he told me you were sad and I just went out =
- 12 LAT: But sometimes is it that you do want to fight?
- 13 A: Uh oh, it's like, it's the chords (?), it's the chord from your eyes, there's a little ball in your
- 14 eye (.) it's black, it connects to your brain, and it connects to your muscles. 'Cause mine's
- 15 different because it connects to my muscles and goes to my hands, so I can hit someone hard.
- 16 I don't want to feel the pain. I can even punch the floor and I won't feel the pain.
- 17 LAT: When you're angry or anytime?
- 18 A: When I am angry-ish, I can punch the wall and my hand won't break.

Within this account, Andrew establishes a reliance on Bio-Strath to assist him in managing his innate aggressive impulses by 'taking out' 'the fight' and 'the badness'. In Line 13, a challenge is posed as to whether the aggressive behaviour and fighting that he describes could be a function of his choice and desire. Andrew opposes this suggestion by providing an elaborate and almost mechanical description of how the internal workings of this body (his

²⁶ A herbal nutritional supplement often incorporated within ADHD management strategies.

eyes, brain, muscles, and fists) are connected in a way that naturalises his ability to be a successful fighter, relative to other boys.

Both George and Andrew's accounts reveal powerful imagery of ADHD deficits rooted in the physiology of the body; thereby rendering them helpless and in need of medical intervention. Boys from the Remedial group also subscribed to a physiological repertoire of ADHD but were less likely to engage in conversation around these issues. Perhaps their omissions reveal a taken for granted assumption about the biology of ADHD, as advocated through the psychoeducational approach of the Remedial environment. Interestingly, the functioning of the brain, as the site of disturbance, was woven with a developmental discourse that shapes who is vulnerable to ADHD, and at what stage of the life course:

Excerpt 5 [Remedial]

- 1 M: Were you ADHD?
- 2 LAT: What do you think?
- 3 N: For me, you don't look to be ADHD.
- 4 LAT: Why would I not be ADHD?
- 5 M: I know, because when you actually get older, you actually just, your brain kind of just
- 6 regenerates its own self back again.
- 7 N: Okay, I get it. Some people in our school are ADHD, some people I know that are still
- 8 ADHD as adults.
- 9 M: He's hyper. I'm still talking.
- 10 LAT: So you're saying, if I did have ADHD it would be gone now because my brain's
- 11 regenerating?
- 12 N: This guy doesn't understand. I know adults who are still ADHD and have to take Ritalin
- 13 still.

During the above-mentioned exchange, the boys concluded that I was not ADHD, without any admission from my part. Nigel's claim that I "don't *look* to be ADHD" [Line 3], provides insight into the pervasive 'disruptive behaviour hypothesis' (Gaub & Carlson, 1997) that tends to restrict ADHD identification to externalising behaviours that can be visually observed. However, it is Mark's claim that the adult brain "regenerates" that provides useful clues as to the current perceived degeneration and dysfunction at the level of the body [Lines 5-6]. That is not to say that all boys subscribe to this theory of brain development, as Nigel challenges Mark with examples of adults living with ADHD.

Legitimation of ADHD as a medical condition with physiological etiology provides an important means to understand how boys across both groups experience ADHD and the potential threats to their schooling and social achievements. Biological constructions of ADHD imply medical forms of intervention. As such, nearly all boys participating in the interviews expressed the greatest support (or least resistance) towards adhering to medication protocols to improve their school performance – an issue that will be revisited in the subsequent analytical chapters.

8.3.2. *Underachievers*

Previous research has identified educational or occupational impairment as a salient issue for individuals diagnosed with ADHD (Cooper & Shea, 1998; Kendall et al. 2003; Singh, 2011; Singh & Baker, 2013). This research study, which focuses on schooling and ADHD, brings to the fore a more pervasive storyline or pattern of talk among boys centred on productivity and the imperative to be ‘fit for work’. As Riessman (2002) states, “a body that is ‘fit for work’ displays health” (p. 25). This expression highlights a strong performance agenda, but it also brings to the fore an ableist discourse regarding those deemed fit for work.

Remedial and Mainstream boys admitted to prioritising their school work and frequently made explicit their concerns about the ADHD-related distractions that impacted their academic performance. It was to be expected that boys in the Remedial Unit would be conscious of their scholastic performance, in light of the learning difficulties underpinning their placement. However, it was interesting to note how boys in the Mainstream also foregrounded this educational imperative, as they described their difficulties and medication use in relation to the perceived educational and social costs of their diagnosis:

Excerpt 6 [Mainstream]

- 1 P: Then my dad told the doctor that I have problems in school, I like get in fights, and go like
- 2 ‘on and on’, and stuff like that. [... Edited ...]
- 3 C: They said for next year, ‘cause school is going to be longer. At 10 o’clock. I take it in the
- 4 mornings, like 10 o’clock, we get two breaks, so after 10 o’clock I’m right down, I can’t
- 5 remember nothing. And like, I’m all over the place. I have to take it, like after break, then I
- 6 can now concentrate again, until 4 o’clock.

Excerpt 7 [Mainstream]

- 1 P: I'm supposed to be in Grade 7
- 2 A: I'm supposed to be in Grade 8.
- 3 G: There is no Grade 8 in this school.
- 4 A: I should have been in another school.
- 5 P: I repeated Grade R, I repeated Grade R again because I wasn't that clever.

It is interesting that the boys openly acknowledged fears of underachieving, particularly within a peer context where teasing and other forms of social censure may occur. On one hand, these disclosures may be supported by the broader learning culture of the school, which promotes academic and self-development and thereby normalises these conversations. However, that is not to say that boys do not exercise different discursive strategies to manage the potential fallout emanating from this 'failed doing'. For example, Peter's admission about his intelligence was expressed in past tense ["I *wasn't* that clever", Line 5], and therefore distanced from his current intellectual performance – an issue that will be revisited in the subsequent chapter.

It may also be argued that there are some other interpersonal gains to be made in acknowledging underachievement. That is not to say that boys fully subscribe to a discourse of 'laddish' anti-school behaviour (Benjamin, 2001; Connell, 1989; Jackson, 2003; Mac an Ghaill, 1994; Swain, 2005; Willis, 1977), as they do express a desire to achieve academically; but rather that these spaces can be transformed into places of privilege at the intersection of other social identifiers. For example, Peter and Andrew's admission of failure also provides an opportunity to showcase their seniority and physical maturity relative to peers, as a function of age.

8.3.3. *Unhinged*

If the 'Underachieving' repertoire mirrored Singh and Baker's (2013) 'performance' niche, then the repertoire of meanings attached to being 'Unhinged' refers largely to the 'conduct' concerns emerging within an ADHD diagnosis. Throughout the study, boys across learning units expressed a concern of 'losing control' as a consequence of their ADHD. Losing control, or other derivatives of the term, have featured frequently within the accounts of young people in reference to ADHD (Hopkins, Taylor, Bowen, & Wood, 2013; Singh, 2011). In this study, boys largely made reference to losing control in peer situations, whether at school or in other social environments.

The concept of Unhinged was offered at this stage of the analysis as a placeholder for a set of undesirable characteristics that signal the unpredictable nature of individuals with ADHD who risk losing control. This is an important distinction as losing control is an action that may allow for adaptive or maladaptive consequences, depending on who is losing control and the broader circumstances surrounding the action. The following two excerpts reveal how the Unhinged aspect of ADHD may be problematic, in aggravating tensions and potentially causing harm:

Excerpt 8 [Remedial]

- 1 LAT: I'll ask the question again, are there any other things that you can't do when you take
- 2 your medication or are told that you can't do, but you still do them anyway?
- 3 M: I know, you're not allowed to hurt anybody. Because I'm ADHD and ADD, and I can get
- 4 really angry.
- 5 LAT: Alright, is it because of the ADHD or the ADD, or is it because of something else?
- 6 N: It's ADHD, so it's like you're hyperactive and when somebody irritates you, you just
- 7 wanna knock their lights out.

Excerpt 9 [Mainstream]

- 1 LAT: The one thing you said Peter, is that [the ADHD] might sometimes lose control, without
- 2 the Ritalin. Are there places, maybe outside of school, where you can lose control?
- 3 P: Yeah maybe if someone's teasing me, I start swearing at them and start fighting. That's
- 4 when I lose control and I can't stop fighting, until someone who has enough power to hold me
- 5 (.). Just like [name] did. They needed someone who has enough power to hold him because
- 6 even two teachers didn't do anything. He was just dragging them on the floor until we needed
- 7 five boy teachers [lists names] and yeah (.).then Mr [name], our PE teacher.

Through these accounts, the child with ADHD is associated with an inherent anger or tension that is seething below the surface and at risk of erupting at any point. Anger or irritation on their own, are not problematic emotions, but in the context of ADHD, the expression of this anger is potentially violent and not easily contained. It is this instinctive and uncontrolled outburst that may lead to drastic retaliation, even if there is an acknowledgement that it is wrong to hurt others.

Peter makes reference to his own retaliation, and that of another boy at the school, to describe the potential consequences of losing control. His proclamation that "I can't stop fighting" [Excerpt 9, Line 4] highlights his perceived inability to self-regulate behaviour, by

illustrating how simple verbal sparring may escalate to swearing and uncontained physical fighting in the context of an ADHD diagnosis. The construction of this inherently strong and volatile self is supported by the elaboration that only someone with “enough power” [Lines 4-5] can effectively provide restraint. Of significance is the way in which Peter subverts the expectation of power that is a function of age, by suggesting that “even two teachers didn’t do anything”, and that eventually “five *boy* teachers” were required to bring the situation back under control.

Billig (1996) suggests that “the human mind is equipped with the two contrary skills of being able to put things into categories and to treat them as special” (p. 164). ADHD is already categorised through different diagnostic subtypes that demarcate difficulties of an inattentive/cognitive variety, difficulties of a behavioural variety, and a spectrum of difficulties that reflects both cognitive and behavioural elements. Boys mobilise these categories in particular ways to create hierarchies of symptoms that reveal differing levels of disadvantage. The ‘hyper’ behavioural symptom was demarcated as one of the most undesirable manifestations of ADHD, particularly by boys within the Remedial group who adopted this term as a part of their medical terminology (see Section 8.3.1, Excerpt 1). In the following excerpt, it is noted how Jason resists a self-label as ‘hyper’:

Excerpt 10 [Remedial]

- 1 J: I’m not =
- 2 LAT: Taking the vitamins?
- 3 J: I’m not hyper, I’m, uh, [*clears throat*] it’s to help me concentrate, that’s what my
- 4 vitamins are for.²⁷

It is through the *splitting* of ADHD into different dimensions that Jason is able to preserve his identification with the concentration difficulties of ADHD while creating distance from the less desirable aspects of hyper-ness.

Aside from self-labelling, other boys mobilised the label of hyper to explain the undesirable and disruptive behaviours observed within group exchanges:

Excerpt 11 [Remedial]

- 1 T: He was hyper. I don’t know if he had his tablets – that’s why.
- 2 LAT: Okay when you say he is hyper, does that sometimes happen when boys when they

²⁷ Jason and his family referred to the Ritalin as ‘vitamins’.

- 3 come to school without taking their tablets?
- 4 T: Probably he forgot to have it or he will have it when he goes to his class with his teacher.

Hopkins and colleagues (2013), in their work with adolescents, revealed that knowledge of problems or diagnoses may be used to rationalise undesirable behaviours in others. The implication of this association was noted in Singh's (2011) study, where young people generalised diagnostic labels to the behaviour of others, regardless of whether the actual condition had been diagnosed. Although Trevor offered this comment during the private interview, while reflecting on the previous group session, it was not uncommon for other boys, particularly Mark, to indiscriminately use the term 'hyper' to discredit the contributions of other speakers [see Excerpt 5, Line 9].

8.3.4. Outcasts

The final repertoire of meanings entitled 'Outcasts' explores the ways in which ADHD was framed by the boys as a general category of social difference. The ways in which boys acknowledge difference highlights the important discursive process of 'Othering' as part of their identity work. "Othering means turning the other into an Other, thus creating a boundary between different and same, insiders and outsiders" (Dervin, 2015, p. 448). These boundaries are significant, as they may create divisions or opportunities for connection.

In this study, boys negotiate various self-positions in relation to fellow peers with ADHD (insider group), as well as their non-ADHD peers, or peers in alternate learning units (outsider group). One of the consequences of these ADHD binaries, particularly in an environment with demarcated learning units, was a conflation of learning difficulties with ADHD. In other words, Remedial learners distinguish Remedial as ADHD and Mainstream as non-ADHD, which is ironic, as most learners attending Remedial, were previously enrolled in Mainstream education. From the perspective of Mainstream learners, the boundaries of ADHD appear less rigid, as they appear to acknowledge ADHD as both a Remedial and Mainstream issue.

Whereas biological differences and narratives of the Unhinged or Underachiever were acknowledged by both groups, it appeared that boys within the Remedial group were more inclined to acknowledge and respond to this Outcast positioning. In the following group excerpt, Nigel explains the differential treatment of Remedial learners because of their 'problems' like ADHD:

Excerpt 12 [Remedial]

- 1 LAT: Nigel, you said the boys here are different to the ones on the Mainstream side?
2 N: We're ADHD and they're not so they treat us differently. So say, I've got problems, okay,
3 and they don't, so they treat us differently. But we try and keep our boundaries so we don't
4 get into trouble. [... Edited ...]
5 LAT: So why would the boys, like you said, "We're ADD so they treat us differently".
6 N: Okay, like we're different. They think we're different. So say like you like macaroni, I like
7 pasta. No, we like different things, so it's like, something like that. I can't really explain it.
8 LAT: Do you think you're different?
9 N: No, I think I'm normal but they think we're different. So we get along with each other, not
10 all of us but some of us.

Nigel's claim that ADHD is a Remedial 'problem' is as arbitrary as his attempt to distinguish macaroni from pasta [Lines 6-7], seeing that they are technically the same thing. However, he hesitates with his use of the term 'different' in suggesting that his own difference is not necessarily a negative or isolating trait [Line 9: "*I think I'm normal*"].

Excerpt 13 follows another exchange with members of the Remedial group, as they explain their conflict with the Mainstream learners in relation to the sharing of playground territory:

Excerpt 13 [Remedial]

- 1 N: This picture is where we play. Mainstream always come to us and it's like we're not even
2 there, we're like ghosts to them, and they're just like playing
3 M: They just start fighting with you. [*inaudible chatter*] They'll start kicking the ball in
4 someone's face.
5 LAT: Why? Why do they do that?
6 T: Because they want the nets and they want us to get in trouble so we can't use the nets
7 again.
8 M: Because they think that we're just on their field 'cause our field's too small and we just
9 want to play on their field. But actually, they're the ones who are stupid. [... Edited ...]
10 LAT: Okay so you were saying earlier, you made a comment Mark when you walked around
11 and you said no these boys from Mainstream they're stupid and they're stupid so they take
12 Ritalin. What does that mean?
13 M: I'm saying they should take Ritalin, they should be in this part and we should be in that
14 part.
15 LAT: Well what does that mean?

- 16 M: We're special, we're good. They're bad, they're bad.
17 LAT: So to take tablets?
18 M: No, they need to take tablets. Like no, so that they can calm down because there's always
19 this boy he always, you can even ask Sam, he just kicked me for no reason, you can even ask
20 him. I was crying.

Mark's comments above support Nigel's perception that there are intrinsic differences between Remedial and Mainstream learners. However, Mark tries to invert ableist assumptions by claiming that Mainstream learners are the ones who are "stupid" and "bad". It is through Mark's attempts to problematise these distinctions by suggesting that Remedial and Mainstream learners should trade places [*"But actually they're the ones who are stupid"* Excerpt 13, Line 9], that he unwittingly reinforces a deficit perception of Remedial education while suggesting that medication is punitive and corrective.

8.4. Concluding Remarks

Analysis of the boys' group interviews reveals the pervasive influence of a biomedical discourse that serves to locate ADHD as a deficit in the body, more specifically in the workings of the brain. By relying on this explanatory model, boys tend to externalise responsibilities for behaviour in support of medical interventions. Boys also recognise and verbalise various areas of failure and poor performance; scholastically and socially. This disclosure of weakness is surprising when interpreted through a masculine script of strength and physical invulnerability. However, it is argued that collective group identification may support and facilitate these disclosures.

The boys' recognition of difference and frequent comparisons to non-ADHD peers highlights the potential for stigmatisation; and draws attention to this consideration when working with youth in the field of mental health. However, although boys may reproduce and rehearse these narratives of disadvantage, it is not accurate to assume that they remain stuck in these deficit positions. Subsequent analysis will explore how boys engage in creative strategising and discursive positionings to navigate these situations of risk.

Chapter Nine

(Re)positioning through an Underdog Narrative – Facing the Odds

9.1. Opening Remarks

In the preceding chapter, an argument has been put forward that boys living with ADHD, do regard their diagnosis as disabling towards their social and educational progress. Similarly, there is a distinct absence in this space of times where boys acknowledge or praise the potential adaptive capacities of their ADHD. For boys in a Remedial setting, this disadvantage is aggravated by a conflation of ADHD and learning difficulties, resulting in a compounded sense of marginalisation and isolation. However, rather than be immobilised by these deficit positionings, boys adopt different discursive strategies, at the level of the group and within the private interview space, to enhance their self-project.

Many hours were spent peeling through the group transcripts and field notes to understand the identity work at play. Key themes were repeatedly revised and restructured to develop a conceptual understanding of how boys gain and maintain credibility in a learning context where they are routinely problematised. It was through this iterative and immersive process, that the *Underdog* emerged as a canonical narrative or placeholder for familiar tropes about performance and future possibilities.

9.2. The Underdogs

The term Underdog, as the name suggests, describes an individual or group whose odds of success are lessened due to some perceived disadvantage (Allison & Burnette, 2009). It is also a relational concept, as the Underdog is compared to the ‘Topdog’ – who tends to already possess the qualities and experience deemed important to succeed. The most common manifestation of the Underdog narrative is within the realm of sports, in distinguishing those that hold less impressive physical attributes. However, the concept has been applied in various other competitive sectors and has found favour in the accounts of popular media.

A provisional Google search with the terms “underdog stories” yields multiple film references like *Rocky* (1976), *The Karate Kid* (1984), *Cool Runnings* (1993), *Seabiscuit* (2003), *Dodgeball* (2004), and the trend of Adam Sandler movies from the mid-1990’s. That is not to say that all Underdog stories feature male protagonists, if one is to consider *A League of their Own* (1992), *GI Jane* (1997); *Erin Brockovich* (2000), *Million Dollar Baby*

(2004), *Little Miss Sunshine* (2006), *Pitch Perfect* (2012 and 2015) and most recently, *Wild* (2014). Narratives of the Underdog also extend beyond popular media to include biblical stories like *David and Goliath* and well-known fables like Aesop's *Tortoise and the Hare*. The consistent feature across these tales is an under-estimation of the Underdog which is accompanied by a personal journey (often including some form of victory) that amounts to greater societal acceptance and self-validation.

Although it may be argued that 'Underdog/Topdog' are simply new terms to describe marginalisation and hegemony, this conceptual device is useful to highlight the fluidity of masculine ideals and partial privilege. It is through the appropriation of an Underdog narrative that boys are able to foreground *disadvantage* as a cornerstone of their ADHD identities and learning experience. In other words, underdogs are "defined by both their personal characteristics and the external situation in which they find themselves" (Paharia, Keinan, Avery, & Schor, 2011, p. 785). However, disadvantage alone is insufficient for someone to be regarded as an Underdog, as many groups experience disadvantage and difficulty without automatic allocation of Underdog status (Allison & Burnette, 2012). As such, it is important to explore and understand the particular conditions of 'underdoggedness' and the strategies employed to manage desired expectations of boy behaviour.

That is also not to discredit the stigma and struggle that boys with ADHD do face, or to say that the Underdog narrative translates to every case involving boys diagnosed with ADHD. However, in the context of this study, and in acknowledgement of my own cultural preconceptions as the researcher, the Underdog serves as a powerful metaphorical thread that weaves the stories of boys' disadvantage through interpretive repertoires of determination, diligence, and shared experience. Furthermore, values of the Underdog align with previous conceptualisations of the 'heroic masculinity', which is already an interesting symbol at the interface of masculinity and disability (Kleiber & Hutchinson, 1999). While these repertoires play out in the public performative space, it is recognised that they are taken up to different degrees across Remedial and Mainstream settings, and are open to further contestation within the private interview space.

9.2.1. *Rallying the Pack*

In looking back at the interview transcripts, after conceptualising this idea of the Underdog, one of the first issues that emerged was how boys constructed ADHD as a membership category for the group as a whole. Specific elements of the research design did facilitate this process, as participating boys were aware of the study purpose through research contracting

and prior conversations with caregivers. Furthermore, deliberate selection, rather than a blanket request for participation introduced undeniable criteria of difference and similarity, as compared to non-selected peers.

Canales (2000) distinguishes Othering as inclusionary and/or exclusionary. While there is a tendency to focus on negative or exclusionary othering in which undesirable qualities are attributed to the Other, inclusionary othering may yield positive ascriptions through the development of community and shared power (Canales, 2000). One of the ways in which inclusionary othering is facilitated is through the uptake of a normalising discourse, where particular ways of being are affirmed, to the degree that these practices or ideas are routinely embedded and shared in everyday life. The following two excerpts provide examples of how boys appropriated ADHD as a shared characteristic:

Excerpt 1 [Remedial]

- 9 S: Yes, exactly] I'm ADD.
10 M: I'm ADD and I'm ADHD.
11 N: Just say ADHD (?) covers both.
12 M: No it doesn't.
13 LAT: It doesn't come up at school, like no one ever speaks about that?
14 N: No, nobody really speaks about it because like half the children here are ADHD (.) and
15 ADD.
16 S: We take Concerta.
17 J: That's why we all take vitamins.
18 M: That's why I take Concerta that's for 11 year olds.
19 N: How old are you?
20 M: Ten.

Excerpt 2 [Mainstream]

1. A: Yus, I'm glad Chris isn't here. Yoh! ((sic))
2. G: Why? That's just mean saying you're glad he isn't here.
3. LAT: So why do you say you think it's mean? Tell me a bit more about that?
4. G: Because it's not nice to say that someone, you're happy that someone is not here.
5. A: But that is what you said that other time.
6. G: That's because I, wait, let me think, that's because he was very irritating the first time.
7. But he, when I learnt what he has and what I have, then I compared it and =
8. LAT: When you say what he has and you have, what do you mean?
9. G: He has ADHD, okay. I have ADHD.

10. P: What's that?
11. G: I don't know what it means. ADHD is when, it's when, ADHD, like when you can't
12. concentrate very well and you act silly and stuff and you can't concentrate very well and you
13. can't concentrate on what you're doing.

There are a number of expressions in the above-mentioned excerpts that work to foster a community of ADHD. These include Nigel's claim that "half the children [in Remedial] are ADHD and ADD" [Excerpt 1], George's defense of Chris's 'irritating' character on the grounds of a shared ADHD diagnosis [*"when I learnt what he has and what I have"*, Excerpt 2, Line 7], as well as Sam and Jason's report of shared medication use [Excerpt 1, Lines 8-9]. Through normalising discourse, ADHD is constructed as a familiar terrain, a space of inclusion where stigma is challenged and privilege is conferred to those who have traditionally been marginalised. This rhetorical strategy resonates with Goffman's (1963) account of normification, where boys are seen to repair their 'spoiled identity' by exaggerating ADHD similarities and downplaying the differences.

Understanding this in relation to the proposed Underdog narrative underscores a social value in preserving 'safety in numbers'. As Canales (2000) notes, "when we strive to become allies with those perceived as Other, we are able to connect through difference. [...] We recognise, respect, and value what each brings to the relationship while working together to achieve some common ground" (p. 25).

While normalising present benefits in activating group belonging and combating stigma or isolation, it also limits opportunities for boys to resist the ADHD-positionings reflected upon in the previous chapter. In other words, inclusionary othering to 'keep something in' may simultaneously foster divisions and prejudice by contributing towards 'keeping something out'. Therefore, to outwardly deny educational or social difficulties or to reject medication use would contradict the ADHD group membership, potentially leading to distancing and disapproval from others, including myself as the researcher. This is a particularly salient concern within the Remedial Unit where ADHD diagnosis and treatment is a pervasive element of the schooling ethos.

That is not to say that boys subscribe to a truly homogenous ADHD identity, as they do debate their diagnosis. For example, in Excerpt 1, Mark escalates the severity of his diagnosis by defining himself as both ADD and ADHD [Lines 1-4], while also indicating a medication that is prescribed for older boys [Lines 10-12]. These remarks provide insight into how boys disaggregate their risk within the ADHD.

At one level, boys work to resist their deficit positionings by constructing and policing behaviours that enable them to attain Underdog status, namely *Focusing to Achieve* and *Playing by the Rules*. However, individually, boys jockey for position within their ADHD by appropriating or ‘galvanising’ particular features of their ‘risky’ subjectivities. In other words, boys compete to be the ‘top’ Underdog.

9.2.2. *Focusing to Achieve*

Boys’ conversations, across both groups, were underpinned by concerns regarding the impact of ADHD on their educational progress. Instead of reconciling this under-achievement as normative boy behaviour, the boys construct and reinforce an imperative of ‘focusing to achieve’. As Francis and Skelton (2005) note, this strategy highlights the workings of a neo-liberal culture which “is dependent on individuals buying into notions of meritocracy (via credentialism), flexibility, individual responsibility, economic competitive-ness and so on – all of which evoke the ‘good’ hard-working pupil rather than the errant school-boy ‘rogue’ or ‘lad’” (p. 119). Nowhere are these working values more evident than in the following excerpt from the Mainstream group:

Excerpt 3 [Mainstream]

- 1 A: School is boring this time, now. ‘Cause we also, lucky next week is holidays. Woohoo!
- 2 LAT: Ja next week, Friday you break up? Holiday time.
- 3 A: I’m not coming to school.
- 4 G: It sucks.
- 5 LAT: Why?
- 6 G: I’m not doing work.
- 7 A: No, wait until you get to Grade 5. Good luck.
- 8 G: I’m not doing work.
- 9 LAT: Is it lots of work to do?
- 10 A: Grade 5, you won’t stop working.

George downplays the excitement of the year-end vacation by complaining that he will not be able to complete schoolwork during this time. While Andrew, not to be outdone, compares his heavy workload in order to caution George about his studies next year. The intensity of these pro-schooling comments provides a sharp contrast to the anti-schooling rhetoric largely perpetuated in the masculinities literature (Benjamin, 2001; Connell, 1989; Jackson, 2003;

Mac an Ghaill, 1994; Swain, 2005; Willis, 1977). It is possible that this hyper-diligence was an attempt by the boys to curry favour, seeing that the interviews were held with an adult figure in a similar educator role. However, this pattern of pro-schooling talk involving a fear of missing classes or setting reminders for homework emerged across other conversational spaces that did not directly include me.

Although boys were invested in improving their school performance and focusing to achieve, external help was needed to facilitate this process. The recognition of needing external ‘help’ is interesting in itself, as it challenges the masculine ideals of independence and self-sufficiency. In this study, boys privileged medication, above all other forms of behavioural intervention, as the key resource to support their learning efforts. This view is supported by the following two excerpts, relating to opinions on the tablet room²⁸:

Excerpt 4 [Mainstream]

- 1 P: I feel different because if I didn’t take my tablet, my teacher says that I’m not improving in
- 2 my work and if I do take my tablets, I improve in my work and I just keep quiet in class and
- 3 get the job done. [...edited...] Yes, it makes me feel weak and even if I’m at class if I drink
- 4 my medication then I’m like, oh boring, won’t cheer me up. I should just do my work.
- 5 LAT: Okay, umm, so you must just ... nothing is going to make you feel happy or excited?
- 6 P: Something that will make me feel happy is maybe when I finish my work, I do anything I
- 7 want, like I draw and stuff like that. If I’m finished my work it makes me happy and if I don’t
- 8 finish my work then it makes me sad.
- 9 LAT: So who has the power? The Ritalin or you have the power?
- 10 P: I have the power. It tries to take over my power.
- 11 LAT: Okay?
- 12 P: Because if I’m weak I do my work. It’s like I don’t want to talk to my friends, feeling
- 13 drowsy.

Excerpt 5 [Remedial]

1. LAT: Why do people =
2. J: I know why.
3. LAT: Take tablets in this room?
4. J: I know. I know.

²⁸ The tablet room is a room on the school premises where medication like Ritalin is stored and dispensed to learners.

5. T: Because they²⁹ don't take it at home.
6. J: No to concentrate and that.
7. M: No man, because, um, they take it because it keeps them on a hold so they won't go
8. bouncing around the class and also it helps them, not to, helps them like do work and because
9. it just like puts the end of the part onto their, um =
10. N: Concentrate.
11. M: Ja, concentration.

Medication is the means to productivity, as tablets “help them do work” [Excerpt 5, Line 8], or as Peter emphatically states, “get the job done” [Excerpt 4, Line 3]. The suggestion that medication “improves” work [Excerpt 4, Line 2] or “puts the end part” on the concentration [Excerpt 5, Line 9], is also part of a broader argument on performance enhancement. Through this explanation, boys are able to avoid a positioning of inherent deficiency, by arguing that abilities are present, yet just merely suspended. Medication is, therefore, a means to support existing abilities. This reliance on medication reveals how boys self-consciously manage their bodies (Connell, 2005), while also aligning this tablet-taking practice with the global capitalist values of resourcefulness and personal responsibility (Lakes, 2008). That is not to say that there were not drawbacks to medication use, as boys across groups expressed various complaints about the physical side-effects of medication, most notably nausea or lack of appetite. However, the endurance of these unpleasant side-effects worked to reaffirm boys' toughness and commitment to the schooling agenda.

9.2.2.1. Policing the Reluctant Learner and Over-achiever

So far, the analysis has suggested that boys' recognise ADHD as posing a threat to schooling achievement and that conscious steps are taken to ensure focus is improved. Due to this, boys construct parameters around acceptable educational conduct and medication use that works to reprimand the reluctant learner through mechanisms of maturity and responsibility. Examples of this policing were more evident among the Remedial group as compared to the Mainstream, where measures of assessment and educational progress were more fully entrenched within the learning environment:

²⁹ In Excerpt 5 [Lines 5-9] the boys refer to “they” or “them”. It is important to clarify that the boys are not denying medication use but are distancing this aspect of their experience as they did not personally visit the tablet room and received their medication at home prior to school or within their registration classroom.

Excerpt 6 [Remedial]

1. LAT: Jason, the last thing you said about this picture, you said you just hate this room?
2. J: Yes because they're vitamins and I don't like taking vitamins.
3. M: So what, you have to work.

When asked to clarify a previous comment, Jason expresses his dislike of the vitamins. Mark immediately dismisses his comment by suggesting that Jason's preference runs secondary to the purpose of the medication, which is entrenched with a strong work imperative ["You have to work"]. Mark also self-positions as the voice of rationality or reason, which draws him closer to the attainment of these hegemonic ideals and highlights his relative maturity in the context of the group, and in relation to the adult researcher. The parentified admonishment of Jason was also observed across other group exchanges, where Mark routinely compared Jason to a 'baby', 'preschooler', or 'little brat', with suggestions that Jason sits in 'the naughty corner'. The following excerpt highlights one of these tense exchanges, where Mark and Jason activate intellectual resources to validate the authority of their opinions:

Excerpt 7 [Remedial]

1. M: Who would do that? You're, not with us, do you know why? Because I've got brains.
2. J: I've got a better brain than you.
3. T: Okay, stop talking.
4. M: I'm in Grade 4.
5. N: How do you always manage to change the subject and then always get into an argument,
6. like every time?

Again Mark evokes a discourse of 'maturity' where his intellectual accomplishments are founded in his older age and his enrolment in a more senior grade ahead of Jason [Line 4]. Although Jason was the youngest member of the Remedial group, he challenges this implied weakness based on age with a declaration regarding his "better brain" [Line 2], thereby appropriating the resources of intelligence to assert his relative advantage. Jason also continues to justify this superiority by disavowing his allegiance to Riven Primary through statements like "I'm bored of this school", as well as his ad hoc comments about attending a new school in the coming year.

The return to Mainstream schooling from a Remedial learning environment is an important signifier of educational success. This aspirational goal circulates in the Remedial sphere where learners are critically aware of their peers' progress and their accomplishment

in exiting the Remedial environment. As previously noted, learners requiring short-term Remedial intervention typically stay within the Remedial Unit for around three years before returning to Mainstream. The final potential year for enrolment is Grade 5. Jason's departure from Riven Primary at the end of his Grade 3 year is noticeably a year or two ahead of the other boys participating in the Remedial group. Therefore, in the context of this constructed peer space, where Jason is often positioned as the most juvenile member, his assertion about leaving (and entering a private school, nonetheless) subverts his implied immaturity or weakness and serves to align himself with the cultural mandate of efficiency and progress.

Further evidence of this prevailing drive for achievement is noted in the following conversation regarding the rooms on campus where learners attend occupational or speech and language therapy. Remedial education requires individualised forms of intervention that are tailored to the needs of each child. As learners undergo different learning programmes that reflect their own measures of progress, comparison with peers is complicated. However young people within this Remedial group construct and reinforce their own standards of acceptable progress:

Excerpt 8 [Remedial]

1. LAT: Okay, let's go, do you know this room?
2. M: I go to it.
3. J: I don't. I passed. I don't have to go there anymore.
4. M: So what, at least we get to go there and we miss work.
5. J: Ja, at least just watch.
6. S: Well if I went there, I would have to catch up with my work. *[laughs]*
7. M: We still have to do it, but we catch it up easily. You don't get work like Grade 4s or Grade
8. 5s.
9. LAT: So what happens here? Tell me about this.
10. M: We like do a game and then we also, we're on the orange cards.
11. T: We're finished that.
12. M: I will get a knife and I'll be Red John.

Mark's admission about attending occupational therapy triggers various comments from the other boys in the group that challenge Mark's self-proclaimed productivity and intelligence. In the context of the group, it is not the act of remediation that is vilified, as most boys admit to having attended these sessions. Rather it is the time taken to demonstrate progress through remediation that comes to symbolise measures of success and failure. Jason and Trevor

compare their progress by either having ‘passed’ their remediation altogether [Line 3], or by having advanced to more complex activities [Line 10], while Sam diminishes the value of these therapy activities by declaring that his attendance would compromise his school work, which holds more value [Line 6].

Mark’s replies highlight the inconsistencies and trouble between these cultural narratives of schooling. On one hand, Mark reproduces the familiar script of the reluctant learner by favouring opportunities to ‘play’ and avoid working [Line 4]. However, in the context of a high progress imperative, he also qualifies that his work is “[caught] up easily” [Line 7]. The additional comment that the therapy is not as complex as Grade 4 or 5 ‘work’ [Line 7-8] is arguably another jibe at Jason, the Grade 3 learner. It is also noted how the severity of Mark’s responses escalates in relation to peer comments surrounding his school achievement. In other words, just as the reluctant learner threatens the values of educational performance and undermines the Underdog credibility, the overachieving geek activates individual insecurities and inadequacies centred on intelligence and the importance of the knowledge economy.

It was the comment from Trevor [Excerpt 8, Line 10] that activated the most reactionary and aggressive response from Mark who threatens to be *Red John*, a serial killer from the television show, *The Mentalist*. Although Mark was the most dominant voice in the group, his vulnerability appeared to increase in the intellectual realm, relative to his peers. As such, Mark galvanises the unpredictable and ‘unhinged’ elements of his ADHD to recoup advantage, an issue that shall be explored in subsequent sections of *Playing by the Rules*.

9.2.2.2. Toppling the Top Dog: The Privilege of Girls and Remedial Whiteness

To reposition as the Underdog involves recognition of those who may occupy Top Dog status. In terms of educational development and support, girl learners, and in some cases, Remedial learners were deemed the holders of this privilege. The following analysis reveals how boys draw on racialised and gendered discourse to simultaneously construct and undermine these hierarchies of power.

As a whole, Remedial boys were more likely to mention their female peers and volunteer spontaneous gender comparisons. It was arguably easier for these boys to identify girls, owing to the lesser number enrolled within the Remedial Unit. The following two excerpts reveal how boys in both groups reinforce a relational concept of gender, whereby

girls are positioned as naturally more restrained and disciplined than their male counterparts, particularly in relation to school work:

Excerpt 9 [Remedial]

1. M: Do you know what I hate about the girls in our class? They start laughing while “Mark”
2. was getting sworn at.
3. LAT: Another Mark?
4. M: No, the Mark, my friend. They were laughing during that.
5. N: The girls in our class, they don’t watch, they watch but they don’t say anything about it.
6. M: And they’re probably the good ones who go and tell the teachers. They want to see you
7. get into trouble.

Excerpt 10 [Mainstream]

- 1 LAT: So do you think that girls need to take those tablets?
- 2 P: No.
- 3 LAT: You don’t think so?
- 4 P: Yes. [] Because girls don’t need them because some girls can control themselves and some
- 5 boys can’t control themselves.
- 6 LAT: Okay because it’s for control more than anything? Control in not getting angry or with
- 7 your anger and also focusing on your school work?
- 8 P: Yes, girls can focus on their school work, sometimes if you tell them do this they do it and
- 9 sometimes you tell boys, “Do this”, and they say, “So”.
- 10 LAT: And is that because of the power?
- 11 P: Yes, it’s like saying, “I’m strong. I can do whatever I want”.
- 12 LAT: So does that mean that girls are not strong?
- 13 P: They are strong but not that strong.

Peter remarks that girls are less likely to take tablets than boys [see Excerpt Ten], however, his response is in relation to a direct question, and therefore not a comment initiated of his own accord. It is through his association that Peter generalises and essentialises the focus and self-control of girls. As a function of this self-control, girls were perceived as more compliant in obediently follow instructions [Excerpt 9, Line 6; “*And they’re probably the good ones who go and tell the teachers*”], while boys were more likely to resist and question authority [“*I can do whatever I want*”; Excerpt 10, Line 11]. Learning styles are gendered through this passive-active dichotomy that constructs boys as active learners, and girls as passive recipients of information – the latter being better suited to the one-dimensional classroom

space (Hodgetts, 2008). Peter, therefore, aligns boy behaviour with a greater sense of strength and independence, while interactively positioning both girls and educators (who are also traditionally female) as weak and permissive. However, in response to the challenge in Line 12 [*“does that mean girls are not strong”*], Peter tempers his assertion, potentially to avoid causing offense in the interview space.

Aside from the ‘girl advantage’, Remedial learners were seen by the Mainstream boys to hold privilege in terms of their educational demands and how they navigated the school space. This was surprising, as Remedial boys were more likely to position themselves as outcasts within the school environment (see Chapter Eight). Implicated in the Mainstream’s rationale was a perpetuation of racialised otherings. Awareness of differences at the level of race is unsurprising when considering the composition of the school, with a predominantly White Remedial Unit and a predominantly Black African Mainstream. Chris reiterates his observation of these divisions in the following excerpt, where he speaks of ‘Black places’ and ‘White places’ in the school:

Excerpt 11 [Mainstream]

- 1 C: You never see one of the Mainstream boys, like the boys that can speak Zulu, in the, the
- 2 White in the Black place and Black in the White place. Like, so they have to separate.
- 3 LAT: What do you mean?
- 4 C: I’m just saying, I guess that’s how it is.
- 5 G: There are brown people in the Remedial.
- 6 C: Yeah, but they speak like you, like a White boy.
- 7 G: I know that. I don’t speak like a White or Black person =
- 8 C: I don’t know what they learn. I know we learn Zulu. I am a Coloured, I learn everything.
- 9 We learn Zulu, and I think they learn Afrikaans.
- 10 G: Yes, they learn Afrikaans, we learn Zulu.

By self-identifying as Coloured, George and Chris claim neutrality in commenting on the Black-White dichotomies at play. George challenges Chris’s claim that Remedial caters for solely White children – a reflection on his own Remedial experience as a student of colour. However, it is Chris’s retort about George speaking like a ‘White boy’ [Line 6] that highlights the role of “Whiteness” as a cultural phenomenon within the school.

Remedial learners are seen to appropriate ‘White’ culture not only through their medium of instruction which is English/Afrikaans (explicitly not isiZulu), but also through a

socioeconomic privilege that is implied through smaller classes, individualistic teaching, and additional support services. Furthermore, “in a society characterised by patterns of race and class privilege, the charge of acting white is loaded with the resentment (misdirected) of the less privileged toward the few individuals among them who receive the coveted rewards bestowed by those in power” (Tyson, Darity, & Castellino, 2005, p. 600).

Similarly to the naturalised weakness and meekness of girls, boys in Mainstream reconstituted their Remedial peers as comparatively fragile. One of the ways in which they achieved this was through an infantilising of the Remedial Unit’s simple classroom activities, basic work load, and in the case of the following exchange, comparatively more lenient discipline:

Excerpt 12 [Mainstream]

1. C: Remedial sometimes will play on our side.
2. G: Ja, they think they can take our field.
3. C: Like when we stop them, when we stop them, they start telling the teacher, then we tell
4. them not to do. Then when they start interfering with us and the boys tells them to stop, there
5. are no Remedial Units in Grade 5, there’s only Mainstream so =
6. G: You do get Grade 5 in Remedial.
7. C: Then the Grade 7s, the Grade 5s starting getting, they get punished and the Remedial don’t
8. get punished.
9. G: You know in Remedial, you do get Grade 5. You get up to Grade 7s. Grade 7s? No, you
10. don’t get a Remedial Grade 6.
11. LAT: Okay. So you’re saying there is a difference, in Mainstream you get punished and if
12. Remedial you don’t get punished? Why is that?
13. C: You do get punished. But you just have to sit with your hand like, and your finger like this
14. [*showing his finger over his mouth*] and fold your legs.
15. G: That’s all they do. We get punished harder.
16. LAT: So why do you think that is? [*boys are distracted, busy fighting over pictures*]
17. C: Um....
18. LAT: That question. You said you get punished more in Mainstream?
19. G: Cause you get R-and-R³⁰ in Mainstream. In there, in Remedial, all you’ve got to do is, they
20. make you do one thing. One quick thing. Like, like, two, like write three lines of a certain
21. writing, and then you’re allowed to go. That’s too, not punishing. They get less punishment
22. than we do.

³⁰ The term R-and-R refers to the detention activities stipulated within the Mainstream Unit.

Chris and George undermine the integrity of the Remedial group by suggesting that Remedial learners are unfairly favoured by educators and are excused from responsibility for their actions. Being asked to sit quietly with a finger placed on lips or copying a few lines of instruction is a mild punishment when compared to the Mainstream's detention or 'R-and-R'. Not only do these exceptions suggest that Remedial learners lack capacity and need to be sheltered, but they do little to build Underdog status as they minimise the struggle and credibility of efforts. This is important, as independence, standing up to conflict, and withstanding punishment are traits that have traditionally been privileged in the production and negotiation of masculinities among adolescent youth (Morrell, 1994; Tucker & Govender, 2016).

9.2.3. *Playing by the Rules*

From what has been presented so far, the repertoire of 'focusing to achieve' is relatively straightforward, as boys' value educational performance and aspire to work to overcome the educational challenges of the ADHD. Deviations from this script may occur in the private interview space, but as a whole, the public performance of ADHD reinforces a pro-schooling ethos. The repertoires of meanings for behavioural aspects of conduct are slightly more complex, as boys simultaneously reject and derive benefits from the 'unhinged' and 'biologically faulty' aspects of their ADHD presentation (see Chapter Eight). In the first instance, boys disavow the lack of control emerging from their ADHD, as noted in the two remarks by Peter and Andrew:

Excerpt 13 [Mainstream]

- 1 P: It's not good to lose control. Even if you are fighting you must know that this time, I must
- 2 stop, because if you don't stop, you might kill a person or hurt them.

Excerpt 14 [Mainstream]

- 1 LAT: Do you think that you are dangerous?
- 2 A: I think, not. 'Cause if I control it then I won't be dangerous. If I don't control it, I'm in
- 3 trouble.

Uncontrolled ADHD may introduce an element of danger that culminates in what Peter cautions as the potential injury of others [Excerpt 13]. These descriptions highlight the privileging of rationality and control and the ways in which boys self-consciously act to

manage their emotions (Connell, 2005). Although ADHD is something that ‘happens’ to Andrew and Peter, it does not render them weak or incapable as they are both empowered and motivated to take medication to keep ADHD threats at bay.

Yet, trouble emerges with this presentation of rationality, as Andrew elevates his innate strength and capacity to withstand hurt, as evidenced by comments like, “I can punch the wall and my hand won’t break” [see Chapter Eight, Excerpt 5]. Similar tensions were noted in the group settings, where Andrew would leave the room to avoid confrontation, yet mark his return with severe warnings to other boys about the potential consequences of his anger. Underdogs may have ‘fight’ and passion; however, they do not retain their credibility if they infringe the rights of others.

The elevation of rationality and self-control as desired social standards contributed towards a pattern of exclusionary othering across learning Units. For Mainstream learners, this othering played out largely through a rhetoric of mental instability and unpredictability on the part of the Remedial learners, as evidenced in the following excerpt:

Excerpt 15 [Mainstream]

1. LAT: What types of people go to Speech therapy then?
2. P: Maybe some children that didn’t learn nicely, they didn’t learn to read nicely, then they
3. go there. They learn how to read and do stuff. And the children that go to Special Ed³¹ is
4. like children that don’t know how to control themselves. Like mentally disturbed. If they get
5. in a fight, maybe they could kill someone.
6. LAT: Really?
7. P: ‘Cause last year it happened. Like [name] from the school, he stabbed a child, with a
8. scissors. Then he stabbed him many times, that he had to go to the hospital. Then they said,
9. he almost died, there was so much blood. Then he was kicked out of the school.
10. LAT: Who was [name]? Was he from the Special Ed side, or?
11. P: Yes, he was from the Special Ed side, because that was the second time he did that.
12. A: And they never chased him away. I think he’s in juvie. What you think?
13. C: What’s a juvie?
14. A: Juvie’s jail for little kids.
15. P: Yes, it’s someone who’s mentally disturbed. I think so.
16. A: Juvie is a little jail for little kids.

³¹ Peter uses the term “Special Ed” to describe the Remedial Unit. This is not to be confused with the designated “Special Education” class within the school environment that supports learners with moderate to severe cognitive impairment.

17. P: Yes I know that.
18. A: I'm just telling this one. This guy doesn't even know what's a juvie! ((sic))
19. P: [Name] went to juvie.
20. C: Did he go to juvie?
21. P: Yes, he stabbed [name's] sister, over here.

Although the veracity of this particular story is in question, the boys are able to mobilise the stereotypes of mental illness to construct an account of a wild and dangerous Remedial child that needs to be monitored and policed. This perception was echoed by one of the Remedial educators who cautioned about “walking on egg shells” so as not to offend some emotionally volatile youth.

By contrast, boys from the Remedial group also worked to position their selves as ordered and civilised, as compared to a brash Mainstream group. Various negative descriptors were introduced in Chapter Eight (see Section 8.3.4) like “fighting”, “trouble”, being “bad” and needing to “calm down”, in order to position Mainstream learners as inherently ignorant, wild, and aggressive bullies. Other stereotypical cultural markers were drawn upon in consciously racist ways. One example was Mark's regular humiliation of Trevor by calling him “Samoosa³²” or teasing that he smelt like curry. It was only Nigel, the other boy of colour in the group, who confronted Mark on these comments by suggesting that they were racist. In another example, as illustrated in Excerpt 16, Sam reacts to the disruptive behaviour of the Mainstream boys by evoking a racialised discourse of primitiveness based on the characterisation of “baboons”:

Excerpt 16 [Remedial]

1. LAT: Okay, so does racism have to do with anything between Remedial and Mainstream?
2. N: Sometimes. Sometimes.
3. M: Mainstream, they be so ugly =
4. J: No, they don't =
5. M: They're like, “Aah, you take so much tablets, that's why, that's why you have to go to
6. Remedial?”
7. T: No, not all.
8. M: Yes they do. At my sister's school, they call her a retard.
9. T: We're talking about our school.

³² A fried or baked pastry folded in a triangular-shape that contains different savoury fillings. In South Africa, the samoosa is a cuisine associated primarily with the Indian culture.

10. S: You know in the Lion King, when it says that you're a baboon, when they monkey says,
11. "You are a baboon and I am not" to Simba?
12. N: Ja.
13. S: Ja, I want to record that, bring it to school =
14. M: And stuff it in [name's] face.
15. S: No, and put it in my pocket and when I walk up to one of the Mainstream boys, I am going
16. to play it and I'm gonna mouth it. So he's gonna say, "What does that play?" And I'm gonna
17. say, "'Cause you're a baboon and I'm not".
18. N: You better be prepared to fight.
19. S: No, I must bring knuckle-dusters with.

Although Sam delivers his insult in a playful way by referencing Disney popular culture, his choice of the term 'baboon' implies a lack of intelligence or sophistication on the part of the Mainstream group which, in the context of learner enrolment, is highly reminiscent of Packard's (1989) account of the 'dressed native'. Previous research has explored how young White males evoke colonialist othering strategies to manage perceived social threats and validate self-positionings in post-Apartheid South Africa (Tucker & Govender, 2016).

9.2.3.1. *Changing the Rules*

Underdogs respect the rules. However, as Gladwell (2016) argues, part of the appeal of the Underdog is that they can change the rules of the game in order to elevate their strengths. This is important as Underdogs are not equally matched with Top Dogs and therefore need to find a way to operationalise their disadvantage to even the playing field. In the context of this study, part of this change is noted in the way that boys flip the imperative of self-control, by suggesting that there may be situations in which losing control is appropriate, particularly in defense of threats from someone else. In the following excerpt, Mark *galvanises* the unpredictability and potential risk of his ADHD to issue a warning to his peers:

Excerpt 17 [Remedial]

- 1 M: I've changed my medication, I don't want to have a worse day, and if he's ruining it, then
- 2 he's going to get beaten up.

For Mark, the devious and dangerous aspects of his ADHD manifested in the idea of the “Tokoloshe” [see Image C]. The tokoloshe is a mythical creature in South African folklore who attacks and possibly kills individuals while they are sleeping. Tokoloshes are small and often not visible to the naked eye, but they are feared for their mischievous and dangerous ways.

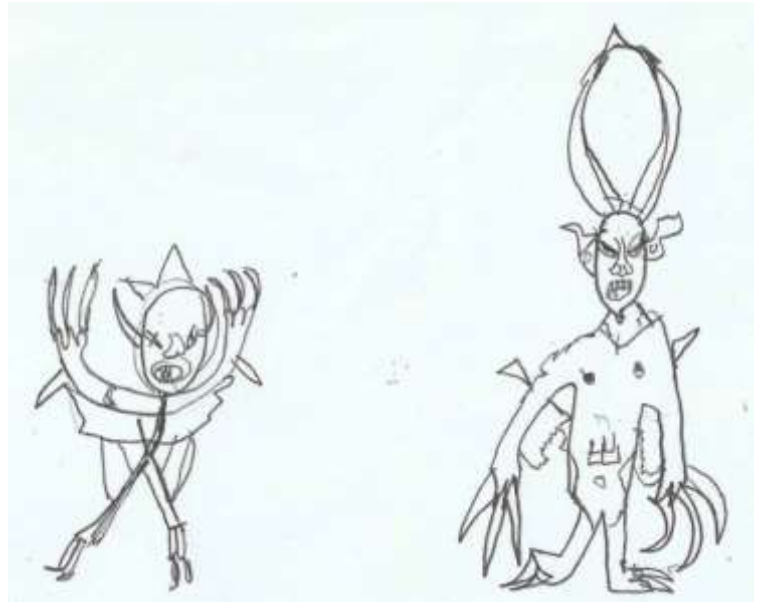


Image C: “Tokoloshe”

This notion of galvanising as part of narrative positioning resonates with Goffman’s (1963) account of minstrelization, as boys embrace the perception of disruption associated with their ADHD diagnosis, and use this as a social resource to retain power. It is suggested that “when a child ‘goes into his ADHD’ he consciously inhabits the label and mobilises the behavioral and the social resources of the diagnosis” (Singh, 2011, p. 10). Even though violence is lauded as a morally undesirable behaviour, interpretations of violence shift with the unique circumstances of the event, as well as perceptions of legitimacy and provocation (Cornwall & Lindisfarne, 1994).

Peter extends this presentation of ADHD risk by aligning his strength and invulnerability with the dosage of his Ritalin medication (“I take 20mgs”):

Excerpt 18 [Mainstream]

- 1 P: I take 20mgs Ritalin, because if I get in a fight, I can’t stop fighting. Because last year I
- 2 knocked a guy out, he couldn’t wake up, he fainted.

For Peter, medication is rendered as a point of difference but it is also an active resource to gain comparative advantage in relation to other boys, including those incorporated within the fold of ADHD. It is not the presence of a tablet so much as the dosage regime that incurs differential meanings. In this way, Peter’s self-positioning within a macho discourse is constituted through the strength of the dosage and the regularity of the regime of the tablet administration. Interestingly, through making an active claim towards this medication as part of his identity work, Peter is able to subvert the potentially stigmatising effect of what the medication may come to mean.



Image D: “Mr Energy”

“Mr Energy” was the character put forward by Peter during the task involving externalisation of the ‘problem’/ADHD. He reflects a macho ‘gangster’ presentation as he is characterised by a muscular physique, tattoos, ripped jeans and knuckle dusters. Mr Energy is said to lose his power when undergoing medical treatment within the context of an ADHD diagnosis. The way in which boys present these two versions of social behaviour in the context of ADHD, highlight the workings of a powerful ideological dilemma: “we want to be controlled and rational, but we are also tough and cannot be taken advantage of”.

9.3. Concluding Remarks

The introduction of the Underdog narrative is significant, as it demonstrates a movement away from the simplistic binary thinking that suggests that boys either accept or reject the stigmatising aspects of their diagnosis. In this way, disadvantage is aligned with a determination to succeed, which introduces the important narrative devices of responsibility. By accepting responsibility for past mistakes and ‘playing by the rules’ of social etiquette, boys are able to maintain the honourable reputation of the Underdog. However, it is important to consider how these standards may create difficulties for those boys who cannot uphold these standards.

The normalising of ADHD and medication use is a powerful and creative way to subvert potential stigma and reconstitute the norm for the greater good of the group. Medication for the management of ADHD may enable the attainment of hegemonic ideals or it may introduce a rupture in the normative expectations of boy behaviour. It is important to understand how boys position ADHD and the use of the medication as part of their private identity work, to understand the ways in which they reconstruct the pervasive Underdog narrative.

Chapter Ten

Contesting the Medication Imperative – Private Narratives of Boys

10.1. Opening Remarks

Analysis in the previous chapter highlights how young boys' enact an Underdog narrative to resist the potentially stigmatising and disabling effects of their ADHD diagnosis. Underdogs gain credibility, despite their adversities, provided that they uphold particular societal ideals regarding determination and responsibility. Adhering to medication use is one of the key ways in which control is exercised and the ideals of productivity are privileged. In a group setting, where boys are knowingly united by their ADHD diagnosis, self-preservation is intimately woven with group preservation. As such, members of the group are tasked with policing and confronting peers who may undermine the shared Underdog status by either denying disadvantage or failing to take responsible action to remediate their difficulties.

The theoretical argument presented throughout this study is that identities are socially situated and open to change (Taylor, 2005, 2006). This fluidity creates opportunities for different narrative positionings to emerge within the private interview, as opposed to the peer group space. That is not to say that boys within individual interviews are immediately immunised from these broader social narratives, as remnants of these exchanges work to shape personal continuity. Boys may, therefore, be 'troubled' by these prior positionings and adopt different strategies to negotiate their position within the private interview space. Therefore, although the uptake of medication in the classroom was largely supported on the grounds of improved scholastic performance and learning focus, there were also occasions of resistance towards the medication imperative, as presented in the following four counter-narratives. The inclusion of narrative-based art activities in the one-to-one sessions (as detailed in Chapter Five) enabled boys to externalise the 'problem' and reflect on their relationship with the ADHD and the medication in new ways.

10.2. Cautions

From the field of medicine and medication, 'cautions' are seen as relative contraindications, where the risks of medication are present but are not severe enough to mitigate the gains of usage. Analysis begins with two accounts that highlight ways in which boys negotiate and critique the workings of their medication from inside the medicated space. From the first

perspective, there is a strong complicity in taking medication for the purposes of focusing to achieve. The second account of resistance refers to the narratives of Jason in highlighting how ADHD treatments may jeopardise personality and social intimacy.

10.2.1. Conversations with Trevor and Andrew

Trevor presented as polite, calm, and softly spoken. His diagnosis was located primarily on a spectrum of attentional difficulties, and as such, he did not present with the same behavioural disturbance as his peers. He was not the most dominant voice in terms of participation, however, he did attempt to contain the behaviour of the other boys so as to focus on the tasks at hand. Trevor's attempts to manage the group were resisted by Mark, either through gendered slurs ("you're such a girl") or through other racial stereotyping, as previously mentioned in Chapters Eight and Nine. Although Trevor was sensitive to the dynamics of the group, his emotionality appeared restrained and he did not express any intense anger or excitability during our time together.

My impression of Trevor based on this restraint and gentility, as documented in the field notes, was that of a 'gentleman'³³. While this term may have political implications in implying some ideal 'type' or characterisation, it is employed as a pathway for understanding Trevor's interactions with others and the functional relationship he reported with the medication. Drawing on Cooper and Foster's (2008) work with gang culture, the 'gentleman' reflects a disciplined, individualistic, non-violent masculinity who avoids trouble. Various times throughout the exchanges, Trevor distinguished himself from the playfulness of the group by enacting the responsibility and attentiveness associated with this 'gentlemanly' position. While I appreciated his calm demeanor and mature approach, I noted how Trevor's compliance was resisted by members of the group, most notably Mark, in opening up 'uncool' positionings for Trevor as the 'teacher's pet'.

Andrew was a member of the mainstream group. He was the most physically mature of all the boys in the study due to his older age and previous repetition of grades. His diagnosis was also primarily in relation to inattention difficulties, however, he did present with a history of anger outbursts and related peer conflict. Although Andrew struggled academically, he had never attended Remedial education and at the time of the study, expressed concern about his schooling progress and future educational opportunities.

³³ The term 'Gentleman' is favoured over 'nerd', as the boys in this group experience academic difficulties that preclude them from a 'nerd' characterisation.

Within the group exchanges, Andrew was one of the more vocal members, where he demonstrated a real commitment to participate. At times, I would arrive at the meeting spot, only to find Andrew already sitting there waiting for me. Andrew cut an imposing figure because of his size and physical development, yet he would be the first to run up to give a hug, offer to carry my research supplies, and refer to me affectionately as Aunty Leigh. Unlike Trevor, whose emotions remained level throughout our exchanges, Andrew's mood was highly labile, as he shifted between excitement and happiness to anger and frustration, often in response to peer behaviours that he deemed offensive.

At face value, Trevor and Andrew shared more differences than they did similarities in terms of age, race, and schooling enrollment. As discussed above, Andrew's open emotionality and somewhat explosive approach painted a strong contrast to Trevor's tight emotional control and rational resolution of conflict. However, their accounts were selected together due to the ways in which they both constructed parameters around their medication use, to understand the scope of focusing on achieving, as stipulated 'with working hours'.

10.2.1.1. Within Working Hours

Bringewatt (2013) draws attention to the medical and non-medical perspectives that children may adopt in understanding their mental health diagnoses. In the group sessions, boys were shown to embrace medical accounts of ADHD that supported medicalised terminology and biological origins of disease, even if their understandings were confused at times. Great lengths were taken by the boys to validate and rationalise their medication as a means to address underachievement. In the public space, strict lines were drawn to bind medication to success, and although boys acknowledged the physical side-effects of their medication, resistance to treatment was chastised as irresponsible conduct. It was within the private space that boys were able to fine-tune and reconfigure these medicated narratives of success, as noted in Trevor's offering within the following excerpt:

Excerpt 1 [Remedial]

- 1 T: It's fine taking it; it's like taking a tablet if I'm sick or something.
- 2 LAT: Okay but is it the same as taking a tablet when you are sick?
- 3 T: No it's just that I have to take the tablet out myself because sometimes my mother isn't
- 4 there, she's at work or gone somewhere.
- 5 LAT: Okay but do you think you are taking this tablet every day because you are sick or ...
- 6 T: No, but I have to take it, so I take it.

- 7 LAT: But I'm just trying to understand why you have to take it or who said you have to
8 take it?
9 T: Because it's for concentrating and all of that, it helps me to concentrate on my work.
10 LAT: Just for school?
11 T: For school until the afternoon and then it wears off, so it's like I don't have to take it
12 'til after break, only like other people in our class has to take ((sic)).

Trevor's description of the medication in Excerpt 1 introduces subtle assertions about his relationship with the ADHD. His initial comment of "taking a tablet if I'm sick" [Line 1] appear to suggest that he negatively self-identifies as 'sick' or diseased. However, Trevor clarifies that it is the practice of medicating for ADHD that is similar to what would be expected if one was unwell, thereby normalising and rationalising his actions. By laying claim to self-medication in the absence of his mother, Trevor is also able to demonstrate his maturity and personal responsibility.

Within Excerpt 1, Trevor highlights the temporary nature of medication and the tapering efficacy throughout the course of the day. While Peter mobilised his medication to showcase hyper-masculine markers of strength and danger [*see* Chapter Nine, Section 9.2], Trevor positions his ADHD as relatively less severe by reducing his medication to one tablet a day, as compared to others who require dosage 'top ups'. Trevor's understanding of ADHD and the need for the medication reflect this very functional usage by referring to the specific days on which he takes his tablets:

Excerpt 2 [Remedial]

- 1 T: No, [my mom will] keep the tablet out for me to have and I only have it on Mondays,
2 Tuesdays, Wednesdays, Thursdays and Friday and then I won't take it on Saturday and
3 Sunday.

The demarcation of tablet use as strictly Monday to Friday, during school hours, challenges the physical permanency of ADHD as a 'brain condition', thereby reconstructing it as a manageable schooling issue. In later conversations, Trevor continues to clarify and compartmentalise the function of his medication by suggesting that he only needs Ritalin for the written areas of his school work.

It is important to understand why Trevor tightly regulates and mitigates the threat of his ADHD, from within this interactional context. Trevor's self-positioning is at odds with the dynamics of the peer group, where boys jockeyed for position by maximising their

ADHD-related difficulties, either in terms of their specific diagnosis, history of school failure, or strength of their medications. Trevor's voice was noticeably absent in these exchanges, however, if Trevor was to downplay his ADHD within the peer context, he would risk rejection on the grounds of his relatively 'petty' disadvantage. Whereas in the private interview, under the watch of an adult figure, Trevor experiences greater social gains by distancing self from these wholly 'problematic' and disruptive characterisations.

As Trevor worked to contain his ADHD as a less-pathologising school issue, Andrew also offered an interesting perspective on the future trajectory of medicating for ADHD:

Excerpt 3 [Mainstream]

- 1 LAT: You said you think boys or men should have muscles, do you think boys or men should
- 2 take tablets?
- 3 A: No, only if you have TB, HIV, that type of sickness, then you can take tablets.
- 4 LAT: Alright, only for those you should only take those kind of tablets, but now, say the
- 5 tablets you're taking now, should a man or a boy take those?
- 6 A: Hmmm, if you're a man you should stop taking it but if you're a teenager you should still
- 7 carry on taking it.
- 8 LAT: Alright, so when do you decide when you can stop taking it?
- 9 A: When you've finished high school then you can stop taking it.
- 10 LAT: Okay, why's that?
- 11 A: Because these tablets are only for you for concentrating and for school but these tablets
- 12 aren't for working and stuff.

In his initial response, Andrew suggests that tablet-taking may only be acceptable within the context of potentially fatal illnesses like TB and HIV. Categorising illness severity and constructing parameters for treatment is part of a broader concern surrounding men's health and the devaluation of help-seeking as a sign of vulnerability and dependence (Courtenay, 2000). The question about Andrew's own medication (Lines 4-5) appears to trouble these 'disease distinctions', resulting in a mobilisation of developmental discourse to repair this tension. In this way, Andrew is able to justify his own ADHD treatment by suggesting that it is acceptable for young people to take tablets within the frame of schooling, however, it is not applicable within the realm of adult work. These distinctions enable Andrew to save face in the private interview, by disrupting the view that ADHD is a chronic illness. However, Andrew also introduces particular assumptions about acceptable masculine development,

specifically that adult men should avoid medication or other treatments, as these practices threaten the self-sufficiency and invulnerability at the heart of the masculine project.

10.2.2. Conversations with Jason

Jason was the smallest and youngest participant as he was only in Grade 3 at the time of the study. Of all the boys, Jason's approach to the individual interviews posed a stark contrast to his presentation in the peer sessions. In the peer space, he appeared to enact the role of the 'joker' by interrupting conversations, imitating other boys' in a parrot-like fashion, and resorting to distasteful jokes or 'literal' toilet humour. Although humour has routinely been seen as a tool for boys to regulate masculinities and advance the stature of the story-teller (Dalley-Trim, 2007; Kehily & Nayak, 1997; Mac an Ghaill, 1994; Tucker & Govender, 2016), Jason's use of humour in light of his age contributed towards his positioning by others as 'silly' and immature. Jason also publically expressed dissatisfaction with his ADHD medication (which he termed 'the vitamins'). These comments were immediately rejected by the group, typically under the influence of Mark.

In the individual session, Jason was serious, composed, and task-focused. It was away from the peer gaze, that he was able to explore his resistance to the medication imperative. For Jason, medicating was still important in terms of 'focusing to achieve', particularly in relation to the broader goal of returning to Mainstream education, however, this benefit was troubled by other social costs, most notably a dull appearance in class and the risk of being seen to be 'boring'.

10.2.2.1. "A Little Boring"

Jason's concern about 'boring-ness' first surfaced in relation to his frustrations about the simple and repetitive learning areas covered in Remedial education. As such, Jason was excited for his return to Mainstream and the challenges and new opportunities that would be made available there. In Excerpt 4, Jason elaborated on these feelings, drawing attention to other social issues that affected his enjoyment of the Remedial Unit:

Excerpt 4 [Remedial]

- 1 J: But I'm going to [name of school] next year.
- 2 LAT: I was going to ask, how do you feel about that?
- 3 J: Very happy, I'm happy to go. I'm getting quite bored of this school. I don't really like it
- 4 anymore.

- 5 LAT: Okay, why do you say you feel a bit bored?
- 6 J: Because this once, this boy I was only playing with him and I tried to take him off a bench
- 7 and he kneed me in the privates and I was only playing with him and then, after that I was, I
- 8 was the one in trouble not him.
- 9 LAT: You were in trouble?
- 10 J: Yes. He wasn't in trouble.

Jason described one recent episode of conflict with a fellow Remedial learner. Through this account and earlier comments regarding the mundane school work, Jason reproduced the same “sheltered” and “unhinged” rhetoric that was used by the Mainstream group to patronise the Remedial learners (*see* Chapters Eight and Nine). Enacting this set of meanings enabled Jason to distance himself from his Remedial peers, and validate his relative maturity and growth. However, Jason seemed to vacillate around these issues of work and play, particularly in relation to the educational gains of medication and the social costs of not engaging with others.

On one hand, Jason is grounded in the shoes of the responsible and driven scholar, yet he also reaches out to wear the hat of the ‘joker’. It was during the externalisation drawing exercise within the individual interview that Jason personified these tensions through the characters of “*Mr Concentrator*” and “*Mr Talk-a-Lot*”. Mr Concentrator represents the medicated learning experience of the child with ADHD, who stands in opposition to the unmedicated Mr Talk-a-Lot.

In the drawing of Mr Concentrator [Image E], it is apparent that Mr Concentrator’s medication physically expands his abilities to focus and attend to information. Not only are Mr Concentrator’s ears oversized in order to hear, but his eyes are ‘popping out’ on stalks while he pays attention to every detail. However, in the following excerpt, Jason acknowledges that children like Mr Concentrator, who listen and are “always concentrating on things” do not engage in conversation with others, creating an adverse impression that they are less social or fun.



Image E: “Mr Concentrator”

Excerpt 5 [Remedial]

- 1 LAT: Okay, alright, um, so, in the class if we've got Mr Concentrator and Mr Talk-a lot,
2 what, how do you think the teacher would act, or, or, um, ja, is towards them? How do you
3 think she =
4 J: = Annoyed with Mr Talk-a lot.
5 LAT: Annoyed with Mr Talk-a lot?
6 J: Yeah.
7 LAT: And Mr Concentrator?
8 J: Uh, she likes Mr Concentrator a lot.
9 LAT: Okay, so how do you know that she's annoyed with Mr Talk-a lot and that she, uh,
10 quite likes Mr Concentrator?
11 J: Because, when, when, when she talks and then she asks someone a question, then Mr Talk-
12 a-lot just, just sits and starts talking.
13 LAT: Okay.
14 J: And Mr Concentrator, she, she likes Mr Concentrator because when she talks he always
15 concentrates.
16 LAT: Mmm, okay, and what about the other children in the class. How do you think they, um,
17 feel or act towards, um, both Mr Concentrator or Mr Talk-a lot?
18 J: Annoyed with Mr Concentrator, because in some people, uh, they might want to like talk
19 and like lots but while the teacher's busy talking but you just sit there and look and listen and,
20 and yeah. And then with Mr Talk-a lot, um, like if they talk in class, he'll like, they like say,
21 they, he'll like talk loud and, and talk a lot and the teacher will get angry with them.
22 LAT: Okay, so that, so then the, the other children in the class, they, it sounded like, um, you
23 said at first Jason that the other children might not like Mr Concentrator. Okay, so, so they
24 don't like Mr Concentrator because =
25 J: Because they don't really talk. People don't really talk to him and he doesn't really talk to
26 other people.
27 LAT: Oh, okay.
28 J: 'Cause he always is concentrating on things.

Through this description, Jason sets up two opposing positions relating to peer or teacher approval. Children like Mr Concentrator who sit quietly and focus on tasks gain preferential treatment from the teacher. However, this discipline and lack of peer engagement run the risk of social isolation, as noted in previous studies involving the marginalisation of boys with a singular academic focus (Connell, 1989; Gilbert & Gilbert, 1998; Mac an Ghail, 1994; Martino, 1999; Willis, 1977). Jason was not the only one to express concern about this

medication-induced ‘bland’ persona. Sam personified this issue through his detached approach in the groups, while also reiterating this concern in the individual interview, where he described a feeling of numbness and a general lack of pleasure. This constraint was most poignantly described through his statement: “When I take my Ritalin, I can’t smile”.

In contrast, Jason’s character of Mr Talk-a-Lot rejects the rules of the classroom and the adult-child power differential by interrupting the teacher and talking with peers. While this behaviour provokes anger in the teacher, it also adds a level of fun and excitement to the class, which fits within the ‘laddish’ narrative that has repeatedly been used to describe the experiences of boys at school.

10.3. Contraindications

Contraindications refer to a more severe profile of risks, that unlike ‘cautions’, deter the individual from pursuing a line of treatment. In this way, the accounts presented reflect a position of the speaker from outside the medicated space. In George’s case, this position is due to financial and practical limitations and not a personal choice. As such, his account reveals various deficit positionings, due to his inability to attain the standards of treatment and markers of responsibility that are part of the cultural milieu. The final account of Nigel provides the most reactionary response to the medication imperative in occupying and celebrating spaces outside the medication where boys experience outcomes of success, most notably in relation to sport and play.

10.3.1. Conversations with George

George’s involvement in the study provides an important bridge between the experiences of Mainstream and Remedial education. Having exited the Remedial Unit the previous year, after three years of instruction, George was still struggling to adjust to his new learning environment in Mainstream due to the larger class sizes, the faster pace for completing work activities, and the sudden exposure to new learning areas like isiZulu. Complicating these environmental changes were the economic constraints that limited access to his ADHD treatment. At the time of the study, George’s medication adherence was relatively non-existent, complicating the progress of our interactions and introducing concerns in the classroom as to his declining school performance, strange fixed interests, volatile emotions, and difficulties communicating ideas.

My observation of George within the school reinforced this social tension and growing isolation where he was openly teased by other children for behaviour deemed

‘annoying’, ‘silly’, ‘girly’, and ‘gay’. On one occasion, George was singled out by the other three boys following George’s claim that he did not have a father. Although the boys acknowledged that George may not have a relationship with his father, they continued to argue that he had to have had a father at some point, biologically-speaking. George’s strong defiance led to his belittling on the grounds of his nonsensical logic and juvenile understanding of how babies were made. In a second critical incident, George slapped Andrew on the back during a ‘play’ fight. This resulted in Andrew becoming angered, walking away, and ignoring George for the remainder of the group session. Peter sided with Andrew’s response and became less willing to engage with George for the remainder of the session.

10.3.1.1. “A Little Wonky”

The previous chapters explored how medication was constructed as an important resource to achieve educational success and thus subvert the potential stigmatisation associated with ADHD. Complying with medication signals a commitment towards action and a privileging of control and responsibility as masculine values. However, not all boys had access to medication as a resource, due to individual economic constraints. In the following account, George praises the benefits of taking medication to improve his concentration and decrease the chance of being ‘naughty’. He also goes on to lament his lack of access to medication and his negative feelings towards those who resist taking their medication:

Excerpt 6 [Mainstream]

- 1 G: I think ADHD children should take tablets, it helps for them, it helps them, if they don’t
- 2 take them they, they might as well don’t, they might as well don’t care about themselves if
- 3 they don’t take tablets, cause tab, cause tablets help you and, and they help you a lot if you’re
- 4 an ADHD person, so if they don’t take that they probably don’t care about themselves.
- 5 LAT: Is, is that how you feel now George?
- 6 G: What?
- 7 LAT: That you, that you don’t care?
- 8 G: Uh, no, I do care, and I’ve been ask – begging, begging my mom “when are you going to
- 9 get paid? When are you going to get paid? I need my tablets” but she doesn’t get paid yet,
- 10 she, she’s hoping she gets paid today.
- 11 LAT: Okay, so what would, what does, what does George, with the tablets, what is he
- 12 like?
- 13 G: What, when, when I take my tablets?

14 LAT: Mmm [*verbal encourager*]

15 G: I'm more concentrated on things and I'm more great at things, if I take tablets I'm not,

16 I'm not, I'm not naughty, I'm more concentrated in my Maths. I don't concentrate on

17 anything 'cause if the tablets, it likes to help me concentrate, they almost like blocks your ears

18 for any interruptions but it lets you hear the teacher.

Unlike Trevor, who drew strict parameters around his ADHD and the role of medication, George tended to present his ADHD as an intrinsic characteristic that defined various aspects of his performance and self-understanding. The infiltration of ADHD within his self-concept prompted a desperate need for George to access medication, in order to be “more great at things”. George also elevated the status of medication by suggesting that non-adherence was irrational and ignorant, thereby supporting the values espoused in the group context.

Of all the boys participating, George was the one to openly verbalise his social vulnerabilities, including his experiences of peer teasing. He routinely described other boys as “smarter” and “more concentrated”, and used the term “wonky” to describe himself:

Excerpt 7 [Mainstream]

1 LAT: Okay, so what does ‘wonky’ mean?

2 G: Wonky, [*giggles*], you want to know that again?

3 LAT: Mmm [*verbal encourager*]

4 G: [*giggles*] Like say, like you're weird and
5 you're silly and stuff.

6 LAT: Okay?

7 G: You do silly things and that, then you do
8 things that's not normal.

‘Wonky’ is a playful colloquial expression typically used to describe an inanimate object that is unstable and slightly off-centre. In the context of conversations, George associates being ‘wonky’ with behaviours that are perceived as ‘weird’, ‘silly’, and outside the norm of what could be expected.

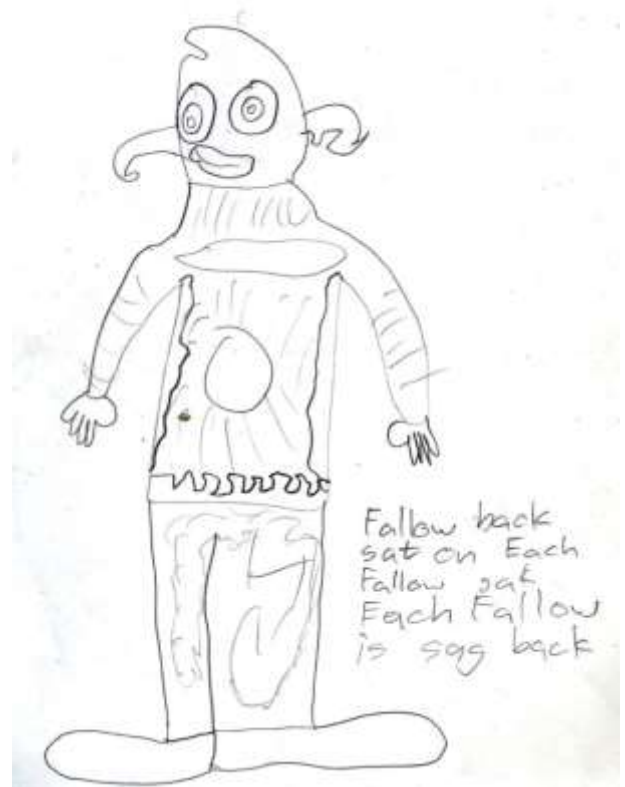


Image F: “Wonky Clown”

George externalised the ADHD and these ‘wonky’ characteristics during the individual drawing task by producing multiple images of clowns, one of which he named “Jack Fallow” (see Image F, on the previous page). These images, combined with his previous reference to “do[ing] silly things” and telling jokes, denote a more playful and fun ADHD persona. However, clowns are polarising subjects, as they are disliked as much as they are loved.

Excerpt 8 [Mainstream]

- 1 G: When they were kids, the people, a lot of people teased them, as you can see how, how his
- 2 clown face goes, because clown face how his mouth is, looks happy but it’s sad ‘cause people
- 3 teased him even though he’s a great clown and even though he was for the jokes when he was
- 4 little and when he was big now =
- 5 LAT: So is that something about ADHD, that people get teased?
- 6 G: Ja, ‘cause you get teased if you ADHD, also if someone knows you have ADHD, they
- 7 obviously going to tease you if they’re a bully.
- 8 LAT: But why, but I, before when we were looking at this, why is it obvious that they will
- 9 tease you?
- 10 G: ‘Cause they know it’ll make you feel bad that, and it’ll make you feel sad that you have
- 11 ADHD cause, cause most people who don’t have ADHD have been more successful than,
- 12 than (.) ADHD people, that’s why they know it’ll make people sad.

Although the language structure is largely confused, George suggests that “even though he’s a great clown” [Line 3], clowns face teasing and discrimination by others. This often results in the clown’s need to uphold a happy demeanor to disguise the sadness they feel. It is argued that George’s declared self-identification with this marginalised position introduces a level of discomfort within the conversational exchange, which is evidenced by George’s laughter and use of humour to deflect tension.

Within the conversation, George goes further to elaborate that the clown is grown and that he is not a young boy. Through this distinction, it is suggested that the joking and play of the younger clown were subject to less mockery. The recognition of this developmental script highlights how the positioning of certain ADHD-related behaviours may shift over time, such that telling jokes and being silly may be deemed more socially acceptable when young, but can become a tool for marginalisation in later years.

Furthermore, George suggests that “people who don’t have ADHD have been more successful than ADHD people”. This positioning is consistent with previous research that has considered how young people’s repeated negative self-evaluations regarding good and

bad can become fixed as a negative self-concept centred on the idea, “I am bad” (Singh, 2007). The uptake of this homogenising label of “ADHD people”, serves to construct a self-positioning as naturally more deficient in relation to the non-ADHD other, and thereby closes down spaces for the production of alternate more productive subjectivities. However, George’s own self-positioning as deficient and stigmatised is not a seamless presentation as he also acknowledges that the clown is ‘great’, and that those who tease do so because they are ‘bullies’. Recognition of these moments of resistance echoes Howarth’s (2006) claim to move away from a narrow view of stigmatised communities as objects or victims, and rather towards a view of these individuals as agents.

10.3.2. Conversations with Nigel

Since the Remedial Unit only accommodates learners up to Grade Five level, Nigel was preparing to exit the school at the end of the year. Decisions were underway as to which Mainstream environment would be most appropriate, however, it was likely that Nigel would return to the school from which he was referred in his Grade Three year. In both the group and individual sessions, Nigel expressed his views with confidence and actively engaged in activities. On a few occasions, he stepped in, like Trevor, to appease the disruptive behaviour of others. In Nigel’s case, these requests were afforded greater respect.



Image G: “Mr (non)Concentrator”

Aside from being the oldest and most physically mature boy in the Remedial group, Nigel demonstrated the greatest sporting prowess. His swimming successes, in particular, had resulted in him competing with other boys from the Mainstream Unit, as well as representing Riven Primary at inter-school level. This involvement was quite significant as boys from the Remedial Unit rarely joined in the sporting activities of the rest of the school. Sporting success has routinely been valorised as a hegemonic ideal through the enactment of a ‘hard’

masculinity privileging strength, power, fitness and competitiveness. It was, therefore, unsurprising that much of Nigel's conversation in the private interview, centred on the impact of the ADHD on his sporting experience.

When asked to name and personify the reason for taking the medication, Nigel also offered the character of "Mr Concentrator". The boy depicted in his drawing (see Image G on the previous page) is not a 'concentrator' because he has not taken his Ritalin and as such, is unable to sit still in his seat, or follow the educator's instruction. While Nigel approved of the use of medication to support classroom learning, he paints a different picture of the role of medication when referring to sport and play.

10.3.2.1. Clocking Out to Play

There has also been an account of the benefits accrued through diagnosis, such as perceived strength and toughness, which may be positively activated as resources to achieve a relative advantage over other boys. In the following excerpt, Nigel provides a view as to how his use of Ritalin may introduce constraints on his abilities within the realm of play:

Excerpt 9 [Remedial]

- 1 N: For me, the difference is I don't have much ener- so much energy when I'm on Ritalin.
- 2 When I'm off, I've got enough energy... A little bit too much, everybody tells me. [] And, I
- 3 just can, um, I can just play freely without having to focus on, 'cause when I'm on Ritalin, I
- 4 try and focus on the game and... It doesn't help me when I'm playing sports. So I don't really
- 5 take it. [] Because you haven't got anything trying to tell you (.) please, just concentrate. You
- 6 can just, you know when you must concentrate and think before you do it. And then you got
- 7 time, you just react to the, just react to when it comes. Instead of having to quickly process it
- 8 through ...

The suggestion put forward by Nigel is that boys playing sport intrinsically "just react" or "know when [they] must concentrate" however medication disrupts this natural process. For Nigel, Ritalin reduces his energy levels and brings about a conscious hyper-focus that interrupts the ability to "play freely". His preference to not subscribe to the medication in this space is highlighted by his impression that "it doesn't help me" (Line 4). In the following conversation, he compares his experience of using or not using Ritalin, as being like two different people:

Excerpt 10 [Remedial]

- 1 LAT: How do you think other boys then, who don't take Ritalin, how do they play, or ...
2 N: Well, they just play like they do 'cause, uh, it's just like me off Ritalin, and being like
3 everybody else. (.) But only I sometimes do take it so it's, I don't, so there's like- let's say
4 there's two of me ...
5 LAT: Mmmm [*verbal encourager*]
6 N: One of me does take it, and the other one doesn't. Okay, the one who doesn't will always,
7 like, do the same things and sometimes make a change. But the one who does; he will
8 sometimes, always sometimes make a change and then once, or twice, just to make sure it's,
9 it's perfect; he will, like keep the same team. But this person, he will always keep the same
10 team, then sometimes take different people. (.) So, it's basically like choosing people. So,
11 sometimes will keep the same teams and then sometimes will just choose again.
12 LAT: Okay. So when you take Ritalin, you're more likely to keep the same team, or no?
13 N: No, less likely to keep the same team.

From the initial remark, Nigel acknowledges a level of difference as compared to other boys at school. However, the difference is perceived at the level of medication use rather than at the level of diagnosis, as being “off Ritalin” is akin to “being like everybody else”. While the language and logic appear confusing at times, Nigel alludes to differences in his sporting performance while being “on or off” medication. Off medication, a greater constancy is achieved, where there is a familiarity and trust in ‘self’ regarding the skills on offer. Taking medication introduces more variable factors (similar to playing with new team mates), that may either improve or confuse the overall performance.

An interesting dynamic emerges, whereby the energy associated with ADHD is normalised within the realm of sport, yet runs counter to expectations at the classroom-level. However, the usefulness of medication like Ritalin for sporting performance is a contested area among boys in this study, highlighting the qualities required for the type of sport being played. While sports like soccer and swimming may require an uninhibited, high-energy approach, sports like cricket demand a greater level of focus and attention to detail, and may, therefore, be advanced by medicating for ADHD. However, the uptake of traditional masculine ideologies is noted in the hierarchy of sporting activities constructed by boys, whereby full contact and high energy sports are repeatedly privileged over those that demand greater accuracy and restraint (Bowley, 2013; Swain, 2006).

10.4. Concluding Remarks

In Chapters Eight and Nine, it was argued that boys problematise their ADHD as a risk to academic achievement, and that medication was essential to support the goal of ‘focusing to achieve’. In the context of peer group exchanges, there was little acknowledgment of times outside of the medication. ADHD is constructed as a disability; a problem with the brain; and yet boys are able to carve out non-ADHD spaces

Boys utilise other temporal and spatial understandings of their symptoms to reconceptualise ADHD as a learning disorder of childhood. Trevor, like some of his peers in Remedial, takes care in detailing the tight working hours for medication use that serve to construct ADHD as a schooling issue. Andrew also adds his perspective on these ‘working hours’ by commenting on the trajectory of medication use into adulthood. Careful boundaries are drawn around medication by aligning its use with improved concentration for the purposes of school work.

Chapter Eleven

Flunk, Punk, or Hunk? Educator Positionings for the Child with ADHD

11.1. Introduction

The previous three results chapters have explored the ways in which boys construct and contest their ADHD self-positionings. In this chapter, attention is drawn to the broader interpretive repertoires that emerge within the accounts of Remedial and Mainstream educators within the school site. These narratives reveal positioning of the ADHD child and interactive-positioning with other significant figures involved in the child's care. In the proposal, the inclusion of educators was referred to as the 'non-ADHD Other'. However, conversations with educators reveal various personal accounts of ADHD, whether in relation to the diagnosis of family members or a self-identification with the diagnosis. These disclosures interrupt the simple binary of ADHD child ↔ non-ADHD adult and offer new possibilities for self-positioning within the diagnosis of ADHD.

Analysis of the group interviews reveals that Mainstream and Remedial educators reproduce many of the same master narratives despite their exposure to different schooling ideologies. As such, a decision was made to integrate these accounts in one chapter, and where possible, illuminate any points of departure in relation to the unique schooling cultures. A decision was made to conduct group interviews with educators rather than private interviews in order to construct a public voice around the master narratives operating in the schooling context and the potential 'trouble' in reconciling these narratives. Aside from a few opportunistic one-on-one conversations, only one private interview was recorded following a request from a male educator who preferred this means of participation.

Educator accounts reveal three core narratives that shape the adaptive and maladaptive positionings for children with diagnoses of ADHD. At a rudimentary level, these may be regarded as broader story lines of failure or success. In keeping with the playful linguistic turn in this study, these narratives have been named "Flunk", "Hunk", or "Punk". However, these terms are not to be confused with ADHD typologies, but are used to rather highlight particular discursive strategies that limit or liberate potentials and introduce trouble for the speakers.

11.2. Getting Ready – ‘The Flunk’ and Troubled Beginnings

Children and young people are routinely presented as vulnerable persons in need of guidance and protection (Kehily, 2004; Kellett, 2014). ADHD is implicated in this discourse of risk, as it is framed as a challenge to the development of an emotionally adjusted and productive child, underpinned by fears of unrealised potential, social disruption, and future psychological compromise. The first narrative (‘Flunk’) makes reference to this prevailing at-risk discourse, in understanding the ways in which educators’ position children with ADHD as largely deficient, disadvantaged, and subject to social rejection. This broader narrative of risk is upheld and reconstituted through a biomedical discourse that internalises deficits within the body, as well as a familiar script of social victimisation that is rooted in the use of medication. Various discursive resources emerge in the educator conversations to construct this story of disadvantage, as well as to position self and other in relation to the at-risk child.

11.2.1. Body, Brain, and Biological Blame

The first repertoire refers to the physical and biological aspects of ADHD causality and symptom reoccurrence that renders children as different from their non-ADHD peers. The immediate observation across interview accounts was the accessibility and shared uptake of this biomedical script. Educators in both focus groups offered a complex array of quasi-scientific expertise and opinion around the origins of ADHD and the biological pathways that would increase the likelihood of acquiring a diagnosis, such as structural differences in the brain, a potential “chemical imbalance” or an inability “to calm the brain down”. Genetic vulnerabilities through inheritance and pregnancy-related factors were most commonly noted, particularly in regards to prenatal influences like maternal stress or the outcome of elective birthing practices like caesarian sections:

Excerpt 1 [Mainstream]

- 1 LAT: [] I know that there’s lots of different theories, but what do you think causes ADHD?
- 2 What are the underlying issues?
- 3 MsO: I think that it’s hereditary... and I can see it in families, going in families –
- 4 MsP: If both parents have got it, then the child will definitely get it.
- 5 MsS: One of the things I've read recently as well, was that stress during your first trimester
- 6 influences brain development and that then can cause ADD, ADHD. And I find that very
- 7 interesting, because if you look at the lives people lead now, it’s no wonder why ADHD is so

8 much more prevalent. Our lives we're leading are so stressful. And then one person I was
 9 chatting to, they were looking at the difference between their two sons. The one son, she fell
 10 pregnant during her last year of varsity, was during her major exams, had no financial
 11 support, and she was hugely stressed and her son now has major... has major ADD. Her
 12 second son, she was working, relaxed, was dating a guy, living in her own flat, has her own
 13 car and he's the complete opposite. So looking at the stress side, she doesn't have it, but her
 14 boyfriend, the father of her second son has it. Um, so why did the one, not the other? Um, that
 15 was something I found very interesting.

16 MsP: But we're also living in a very artificial type of world now, all the preservatives, food
 17 and... even technology, they say flashing lights have an effect on brain activity. You know,
 18 with the technology, maybe it's just a combination of a whole new, different world we're
 19 living in. We're living in a microwave age, if you want something, it's just the flick of a
 20 button. Everything's impulsive, when you think about it, you know?

21 MsO: There's been studies on birth, as well, you know. When the baby comes down the birth
 22 canal, those neurons are connecting, and when it's a caesar, they're not connecting. And um,
 23 there's been research and study on that, in which um, obviously, natural birth is better. But
 24 um, I don't know -

25 MsS: I think it's more that if you're pressured during birth (?) your blood pressure skyrockets,
 26 which causes more problems.

27 MsH: A lot of people, um, a lot of youngsters, they are having caesars. I wonder if they... but
 28 as I say, it's a question, even though there's research been done, you don't know how.

Excerpt 2 [Remedial]

1 MsK: It's a chemical disorder in the brain.

2 MsT: The inability for a child to focus on pertinent information. Information that is currently
 3 being given to them. So they can focus on other things but they are unable to draw their focus
 4 to something that's been presented to them. That's what I think it is.

5 MsE: We know it's genetic obviously, with the parents we see it as well as in the children
 often.

The biomedical discourse functions to locate ADHD as something that is both organic *within* the child, and also as something that happens *to* the child and is largely beyond his or her control. The assertion that “if both parents have got it, then the child will *definitely* get it” [Excerpt 1, Line 4] and that “it's genetic *obviously*” [Excerpt 2, Line 5], promote a deterministic view of children as passively subjected to ADHD. In the preceding conversations, the child is a victim of circumstance, as they hold no influence on their in

utero development, the birthing process, or the technological distractions that they may meet upon entering the external world. That is not to say that children are absolved of all responsibility in the context of ADHD – as will be explored through other emergent narratives in this study – however, the question shifts towards when, where, and which children are assigned this accountability. The positioning of caregivers is somewhat more complex, as educators do not hold caregivers directly responsible for the child’s diagnosis; however, they do recognise the risks of genetic transmission, and the sociocultural imperative that adults should safeguard the interests of vulnerable children.

The uptake of the biomedical discourse was unsurprising, in light of the technoscientific mandate circulating in the school at the time of the study [see Chapter Five for a description of the school context]. For Remedial educators in particular, where the biological aspects of diagnosis are entrenched, less time was spent in the group debating ADHD causality, but rather focusing on the environmental issues supporting or disrupting ADHD management. It is also acknowledged that the educators volunteering to participate in the research may already regard ADHD as a legitimate medical concern, as compared to other staff members who chose to opt out. Furthermore, participating in research led by a member of the health profession may preclude opportunities to disregard or resist dominant medical narratives.

Interestingly, the link between ADHD and genetics was largely uncontested within educator interviews, while other biology-based theories raised a degree of uncertainty. Comments regarding birthing practices were couched within cautionary statements like “obviously, natural birth is better. *But um, I don’t know*” [Excerpt 1, Lines 23-24] or “A lot of people, um, *a lot of youngsters*, they are having caesars. I wonder if they... but as I say, *it’s a question*, even though there’s research been done, you don’t know how...” [Excerpt 1, Lines 27-28]. To understand these qualifications, one needs to consider that the speakers themselves are predominantly White middle-aged women who are mothers. Critique of pre-natal care and birthing practises directly implicate the mother and introduce a level of judgment for those women perceived as not ‘good enough’ parents. This emergent and less desirable narrative of ‘mother blame’ is problematised by a shared maternal identity, as well as the number of participating educators who report family histories of ADHD. Genetic transmission, on the other hand, sits primarily in the wheelhouse of the biological father and is, therefore, less likely to cause offense within the context of the conversational group.

Aside from drawing on the biological discourse to explain ADHD causality, educators frequently rehearse these scripts in motivating for and legitimising medical intervention. If

ADHD is constructed as an intrinsic medical condition, then it is beyond the educator's control, suggesting that the educator's responsibility is not curative but rather responsive, in assisting with the identification and management of existing behavioural symptoms. The following two quotes demonstrate how educators align ADHD with different medical conditions, for the purpose of promoting action:

Excerpt 3 [Remedial]

1 MsK: Often explaining it to the parents who are resistant to medication, I explain that if your
2 child had a heart problem, it is a disability like diabetes. Then ADD is diagnosable. You
3 would put your child onto the medication if it was for heart or diabetes, so in actual fact give
4 your child the chance of being better able by putting them on a med. So in some ways, it can
5 be labelled as a disability.

Excerpt 4 [Mainstream]

1 MsP: I always try and explain to children, when they see that children are on medication, I
2 always say to them; if you have a problem with your eyes, what do you do? You wear glasses.
3 If you can't hear properly, you have a hearing aid. And now these children have a problem
4 concentrating and so they're taking a tablet to help them concentrate. There's nothing wrong,
5 it's just like glasses, or hearing aid, or something like that. And they seem to accept that,
6 yeah.

Through comments of this nature, ADHD is legitimised as a physically-rooted condition that requires medical intervention. Furthermore, remarks like these work to activate different moral concepts, depending on the intended audience. In Excerpt 3, the ADHD diagnosis and response to ADHD is paralleled with life-threatening medical concerns like heart problems or diabetes. The severity of these descriptors is particularly telling within the context of parental advice. It is through this mechanism of physical danger that parents are urged to take action to protect their child's health and wellbeing. Moralising medication in 'the best interests of the child' is problematic in that it limits the production and expression of counter-narratives. In the second quote, which is geared towards a child audience, the threat of heart problems and diabetes is replaced by relatively common impairments associated with hearing and vision. Within this context, these comparisons serve to reduce potential stigma and normalise intervention by affirming a weakness that is not due to any fault on the part of the child concerned, as reinforced in the statement "there's nothing wrong" (Line 4).

The use of these metaphors highlights a conflict between biological and moral imperatives, as the relevant parties are held responsible for the functional impairment caused by the problem, particularly when a perceived solution is on offer. Ms K's plea to follow the medication route and "give your child the chance" [Excerpt 3, Lines 3-4], highlights the critical role of parental action while privileging pharmacology as the means for achieving 'good parent' status. Aside from threat in the immediate learning space, it is this projection of future risk that informs a second, yet related, repertoire of meanings surrounding the call for early intervention.

11.2.2. Stepping in Early to Intervene

In the group interviews, educators were seen to subscribe to the prevailing medical narrative that ADHD is a diagnosis experienced across the life span. This chronicity is particularly important, as it heightens responsibility for adult figures like educators to intervene in order to eliminate barriers to future success. Educators magnify the importance of taking action by exploring the potential risks of unmanaged ADHD in relation to learning progress and other psychological diagnoses:

Excerpt 5 [Remedial]

- 1 MsE: I think a high percentage of our kids are ADD. For me some of them I think if they
- 2 weren't ADD they wouldn't be with us. They wouldn't need the Remedial, because they've
- 3 got a lack they've got behind in their first or second year of school because they haven't had
- 4 medication and haven't been able to focus.

Excerpt 6 [Mainstream]

- 1 MsP: I also heard somewhere too that, if ADHD is not treated properly, or, managed properly,
- 2 let me put it that way, it can develop into other things; like OCD, [] obsessive disorder. And
- 3 I've, I've actually seen that, sometimes working in different places, kids have got the ability to
- 4 go that way, if things are not treated properly.

Clinical literature does reveal potential ADHD comorbidities with learning disorders and other diagnoses like Obsessive Compulsive Disorder (OCD) (APA, 2013). However, the educators, particularly Ms P (in Excerpt 6), imply an inherent causality, where the existence of ADHD naturally elevates risk for the onset of other difficulties. As a seasoned educator, Ms P lends authority to her opinion by stating that it is something she has observed in

differing contexts [Excerpt 6]. It is through this techno-scientific way of knowing that medical forms of regulation tend to be privileged.

The importance of well-timed and tailored intervention strategies was also reinforced through the elaboration of personal accounts, in which ‘at-risk’ youth were able to overcome challenges and gain significant success:

Excerpt 7 [Mainstream]

- 1 MsH: I think it's also that ... like my sister that's twelve years older than me, she was literally
- 2 told that yeah, she's a retard, put her into a special school, we can do nothing. She's now got
- 3 two degrees, working on a doctorate, she's absolutely fine. This was once she went into
- 4 remediation, worked on the issues and problem solved. So diagnosis, from then to now is,
- 5 there's a huge difference, we know more about it.

The speaker in Excerpt Seven highlights how scientific advancements have improved the approach to diagnosing and managing childhood difficulties like ADHD. As society now ‘knows better’, there should be little excuse for ADHD mismanagement and diagnostic oversights. Although her comment implies some overlap between ADHD and Remedial education, the over-riding emphasis is on the roles and responsibilities of adults to provide timely and appropriate intervention when needed. Through professional understanding and action, a defeatist life story anchored by the negative label ‘retard’ is transformed into one of academic determination. In this way, the call for early intervention arises not only from a fear of failure and difficulty (as implied in the earlier excerpts) but from a fear of jeopardising potential success. Progress along the developmental track is routinely associated with definitions of success, as noted in Singh’s (2005) study of ADHD and dosing dilemmas:

For mothers of boys with ADHD-type behaviors, the track is illuminated the moment the boys fall by the wayside, and mothers are forced to confront a cultural authority that normally remains hidden from view. This cultural authority penetrates to the development of the child in so far as it dictates the particular signposts along a ‘normal’ developmental pathway. Ritalin helps close the gap between boys with ADHD behaviors and “normal” boys (p. 42).

That is not to say that educators overlooked the medication controversies circulating in the public sphere. Even in the previous exchange [Excerpt 6], Ms P vacillates between her use of terminologies like ‘treatment’ and ‘management’. While treatment tends to imply

pharmacology, the term management suggests a more holistic behavioural response. The recognition of broader management strategies in the context of this exchange may reflect a need to temper claims towards strict medication use, in light of social controversies surrounding the medicated child. This is important as educators did express concerns as to how the medication for ADHD may perpetuate other social concerns that place the child at-risk. In the following quote, Ms Y reveals her dilemma surrounding appropriate dosing in relation to class participation:

Excerpt 8 [Remedial]

- 1 MsY: Sometimes we have to weigh that up. Often we weigh up, is it worth it, this child being
- 2 so subdued or do we reduce their dosage so they can still participate in the classroom? Last
- 3 year particularly with my Grade Fours, I had more and more children lowering their dosage
- 4 so they could still actively participate and learn from the classroom and not be totally
- 5 subdued.

Ms Y highlights the tension experienced by some educators in reconciling specialist medical knowledge with their professional duties towards supporting educational engagement. Inherent in this tension is a question as to what readily constitutes and supports learning and development. In Ms Y's case, the subdued child is rendered higher risk to the educational experience than the potential disruption that may emanate with in a low medicated space.

11.3. Holding Steady – The Trouble with ‘The Punk’

Use of the term ‘Punk’ in this study is a deliberate and provocative choice to highlight the features of risk, rebelliousness, and avoidance of accountability for actions. However, it is important to note that none of the educators directly used this term. Despite the prominence of the biomedical repertoire in which children are largely constructed as passive recipients of ADHD, conversations with educators in this study revealed some inconsistencies and tensions in relation to the level of responsibility assigned to children and their caregivers in managing their ADHD-related behaviours; a perspective that the analysis has already referenced. In the following section, attention is granted to the repertoire of meanings surrounding “learning from mistakes”, “defining levels of risk” and “policing parental decisions”.

11.3.1. Learning from Mistakes

In the first exchange, the speakers produce a general script of undesirable behaviours that they apply to children diagnosed with ADHD, suggesting that children with this diagnosis are overbearing and attention-seeking, and therefore likely to deter social relationships:

Excerpt 9 [Mainstream]

- 1 MsO: They often have poor social skills. You find that they often don't have a very good
- 2 friend at school, they don't mix well in groups. And they have poor social skills, probably
- 3 because of the bull-ish behaviour. And always want to be the centre of attention, and, and,
- 4 not that they want to be, you know, they're just, like that.
- 5 MsI: I had a very severe situation this year with one child, on medication, twice a day, but he
- 6 behaved like a clown. The centre of attention and you know ... that medication didn't even
- 7 help him.

Initially, Ms O claims that these children “want” to be the centre of attention, thereby suggesting that these ADHD-related behaviours are driven by personal choice. However, her comment is quickly qualified by saying that it is not something that they want but rather that these children are “just like that”, thereby reverting to biomedical explanations of innate pathology. In the same conversation, Ms I activates the derogatory label of ‘clown’ and use of the phrase ‘severe situation’ to describe the disruptive behaviour observed.

Just as boys mobilise features of their ADHD to defend against threat, educators in this study mobilised the label of ADHD in differing and conflicting ways. On some occasions, educators ‘undo the biomedical labelings’ of ADHD, to hold children accountable for their behaviours (Evaldsson, 2014, p. 280), whereas at other times, particularly when children are being resistant to adult authority, the medical label is evoked to explain the inevitability of these behaviours and to defer responsibility from the educator. It is noted how in the previous excerpt, Ms I intimates that two dosages of medication a day “didn’t even help him”, thereby highlighting the exaggerated and uncontrolled presentation of symptoms. For Ms E in Excerpt 10, it is the child’s failure to accept responsibility and the tendency to blame others that is unreasonable and problematic:

Excerpt 10 [Remedial]

- 1 MsE: There’s no learning from their mistakes. That’s the big thing with ADHD it’s difficult
- 2 to learn from their mistakes. They make the same mistake over and over, social mistakes, all
- 3 sorts of things. They find it very difficult to understand that the responsibility is mine. I need

4 to take ownership for myself. It's always somebody else.

Ms E's account highlights an important tension within ADHD as to the demarcation of boundaries for personal responsibility. On one hand, the biomedical discourse appears to dilute child responsibility through the discourse of the passive victim, however, the expectation at the classroom level relates to a need to take responsibility for mistakes and failings. This is particularly important in light of previous research that has shown how children with ADHD challenge inter-generational expectations of respect (Frigerio et al., 2013). What is noted across excerpts 9 and 10 is a dislocation of the reactions and behaviours of the children from the context in which they take place, and a failure to recognise the interiority of the child and what is being accomplished as part of an independent identity project. In other words, ADHD becomes a veil through which behaviours are interpreted, leaving little space for the child's own volition in regards to socialising, attention-seeking, and defiance, among other behaviours.

In excerpt 11, Ms D argues that the sheer volume of students undertaking medical management for ADHD diagnoses has facilitated a culture of acceptance within the school that counteracts the potential stigmatising effects of diagnosis. In her opinion, young people were seen to adopt such progressive attitudes to ADHD that peers would provide reminders for medication use, while the diagnosed children were taking active steps to distribute their medication to others:

Excerpt 11 [Mainstream]

1 MsD: No, it's no more a stigma, in fact, the learners in the classroom assist these learners,
2 you know what, remind them: "It's time for medication."

[Edited]

3 MsD: We've had children that, want to share their tablets, yeah ... [*laughter*] this year,
4 because they're behaving so well and concentrating so well. I've told them they're not getting
5 into trouble now, and they've brought extra tablets and shared them with other children and
6 we had to call in parents because of ... because ... the others are seeing how well the child is
7 behaving ... [*laughter*]

8 MsI: Then there's the other side that where children think that the child who takes medication
9 is crazy. ... I had that in my class, I think because this year, we've had big numbers, bigger
10 classes. We can't really find time to go outside to hand it to them, you know. Sometimes we
11 do it at our desk privately but we don't realise that other kids are observing at times, and
12 when the kid is behaving and they're concentrating, they're a different person. And without

13 the medication, early in the morning they become, themselves, which is creative and crazy or
 14 whatever ... and their normal stuff that they would normally do. So I think the kids tend to
 15 label the child: “You take medication – you’re crazy”. And I had it this year, ‘cause a child
 16 told me, “I don’t want to take my medication because the children say that I’m crazy, they tell
 17 me I’m crazy.” I think, I think that it’s teasing and becomes bullying and teasing =
 18 MsD: In the higher standards (?) we don’t have that problem in the lower standards.

Educators may be complicit in introducing and reinforcing dialogue around ADHD and medication that comes to symbolise difference and inferiority. In Excerpt 11, Ms D remarks: “I’ve told them they’re not getting into trouble now” [Lines 4-5], introducing an expectation for the child and others, that medication is the privileged remedy for all forms of undesirable behaviour. Ironically, Ms I is seen to repeatedly use the term ‘crazy’ to critique stigmatising peer remarks and yet uses the same term to describe unmedicated ADHD behaviour [Line 13], thereby illustrating the entrenched nature of these scripts. For Ms I, fear of stigma and discriminatory practices were identified as potential barriers to medication uptake by learners in her class. Although she acknowledges her complicity in supporting conditions whereby children may be observed and judged by their peers, she attempts to excuse and justify this action in light of environmental circumstance like inflated class sizes.

Excerpt 12 [Mainstream]

1 Mr D: But my experience here, is that it’s often you’re the centre of attention as you receive
 2 your tablet, sometimes with some words administered; “Get out and go take this thing, you’re
 3 behaving badly”. There’s, there’s, um, perhaps not as much kindness as there was felt in the
 4 first round. So you’re obviously the centre of attention; two or three children come to the
 5 front and stand by the cupboard, everybody watches you as the teacher takes the tablet out,
 6 says a few things to you, sends you out, come back in again later. You can’t help but be the
 7 centre of attention. Um, yeah, so some teachers do it, do that graciously, and others don’t.

Through comments like Mr D [Excerpt 12] and classroom observations, it is suggested that these medication reminders are couched within a broader mechanism of surveillance and policing of behaviours that perpetuate psychopathologisation of the child. The association of medication as a consequence for ‘bad behaviour’ becomes a discursive resource for peers to reproduce, thereby creating a culture of blame and victimisation for the child with ADHD. In this context, peer reminders for medication are not interpreted as an act of individual concern

and progressive acceptance of ADHD but a strategy to denote difference and marginalise peers.

11.3.2. Defining the Risk

Like the boys, educators construct categories within the context of ADHD to refine and demarcate degrees of disturbance and pathology. Although not technically accurate as stand-alone terms – the expressions of ‘hypo’ and ‘hyper’ were routinely employed by educators to symbolise patterns of behaviour or character types associated with ADHD. These terms mirror the clinical language reported in the DSM-V (APA, 2013), as children classed as ‘hyper’ tended to represent a predominantly hyperactive-impulsive or combined ADHD typology; while children referred to as ‘hypo’ represent the characteristics of an inattentive ADHD-type:

Excerpt 13 [Mainstream]

- 1 MsI: If they're hypo, they're very quiet. It kind of promotes them making friends. If they're
- 2 hyper they want to be everyone's friend and bully and fight and take, do everything, and their
- 3 friends have to kind of accept who they are. They have to be socially accepted in the
- 4 classroom -

Excerpt 13 highlights how these categories of ADHD begin to intersect with definitions of risk, in order to construct the aggressive and reckless ‘hyper’ child in opposition to the somewhat milder and accommodating ‘hypo’. This difference resonates with the views put forward by the boys, in which the term ‘hyper’ was used to demarcate immature and undesirable subjectivities. The difficulty with these essentialising categories is that they introduce possibilities for stigmatisation and limit spaces for the construction of alternate subjectivities. Aside from the implications for the child, these categorical presentations also prescribe differing levels of responsibility for the educator, as illustrated below, in an extension of Ms I’s conversation:

Excerpt 14 [Mainstream]

- 1 MsI: Yeah and I have two kids. A hypo learner; everyday he reminds me at ten o’ clock,
- 2 which is his top-up time, “Please give me my medication at half past ten.” I have to make sure
- 3 I give it to him. And he’s there at my desk, before I’m there, waiting for me, so he reminds
- 4 me. (.) Whereas, the other child, who is hyper, and he’s got anger problems, and you know,
- 5 um, he never reminded me, every morning I had to remember when I come in, whatever time

6 he comes in, I had to remember the medication. So, it's different, it also depends on the type
7 of diagnosis or what they're taking.

In Excerpt 14, Ms I constructs the hypo child as largely more responsible and self-sufficient as compared to the hyper child for whom she has to assume responsibility for medication. Therefore even if ADHD is framed as a neurobehavioural disorder, it is the approach to medication and treatment adherence that becomes a mechanism through which to discriminate moral responsibility and blame. As such, this discourse of impaired personal responsibility constitutes the 'hyper' child as riskier for class harmony and as a greater burden for the educator. Interestingly, these categorisations of hypo-hyper routinely intersect with sex and gender, to formulate different behavioural scripts for the ADHD:

Excerpt 15 [Remedial]

1 MsE: With the impulsivity, it's almost like a little volcano that goes *pow* and then only when
2 you've calmed the situation
3 MsA: You find that the impulsive behaviours are frequently more often with boys than girls.
4 MsY: Oh yes
5 MsK: There are girls but yes there is a distinction. You'll find that early morning fights
you'll
6 find it's boys who have been in a fight. And then down corridors, it's our boys who are
7 running down the corridors. Having untucked shirts, socks that are down, it's the boys.
8 Girls would be like boisterous, laugh aloud but they wouldn't behave wildly. Our girls are
9 pretty okay. But our boys ...
10 MsA: Girls are more chatty. They're chatty, they're louder, but boys are hugely impulsive.
11 It's like everything is everybody else's fault. And they've never thought about why they
12 should walk in a line down the corridors. You can tell them every single morning. And you
13 can punish them, not severely, but like sit at break, there is no remorse, they'll do it again
14 tomorrow.

On a spectrum of hyper-characteristics, results suggest that boys are routinely viewed as more 'wild', 'impulsive', and lacking in remorse, as compared to their female peers. Construction of this relational gender binary has significant implications for the identification and management of ADHD, and perceptions of personal responsibility. Although there are exceptions to this pattern, as acknowledged in Line 5, the disruptive and 'risky' ADHD boy is a powerful lens through which to filter and make interpretations of behaviours and personal

responsibility (Hart et al., 2006; Timimi, 2011; Wentzell, 2008). It is noted here how unequal expectations of accountability can have adverse consequences, in which boys may be medicated due to the perceived need for external regulation, whereas girls may be overlooked for intervention efforts, as there is an assumed maturity, despite age, of being able to ‘manage’ difficulties independently.

Concerns about the disjuncture between boys’ needs and the mechanics of the schooling system opened up debate by one of these speakers about the potential feminisation of schools. During the conversation, it was suggested that the teaching approach and standards of female educators, who assume the majority of teaching responsibilities, are generally at odds with the gendered nature of children, creating difficulties in the cultivation of a productive learning environment for boys.

Excerpt 16 [Mainstream]

- 1 Mr D: I think school is ... school is predominantly women in primary schools, teaching.
- 2 Structured women, who are meticulous about detail, trying to teach the majority of boys who
- 3 don’t really want to sit still for five hours. That’s, that’s not an ideal combination ... only
- 4 those who will bend a knee and submit will fit into a school environment. So school in,
- 5 school in itself is not helpful to most, most boys.

A relational approach to gender is constructed in which females and males are assigned opposing skills and preferences. The implication is that female teachers connect with the girl students on the basis of a shared orientation towards structure and detail, which subsequently excludes or distances the same boy students in the class.

Furthermore, the educator’s elaboration that those who subscribe to the expectations of the school are guilty of “bend[ing] a knee and submit[ting]”, is loaded with negative connotations that suggest an inherent weakness in character. Therefore while girls may passively fit into this mould of learning, “school in itself is not helpful to most boys” as their intrinsic energy and free will makes them less likely to conform. The consequence of these gendered assumptions is that they create unfair demarcations around the types of activities and learning styles that are socially valued for both boys and girls.

11.3.3. Policing Parental Decisions

The third emergent area in regards to ADHD accountability and action centres on the positioning of parental figures. In the following excerpt, educators acknowledge the current

nature of schooling demands but actively draw on these pressures to challenge parental resistance to medication through a moralistic discourse of preserving the child's best interests and guarding his/her self-esteem in demanding educational contexts:

Excerpt 17 [Remedial]

- 1 MsE: Yes, and then the parents will say – “Well I managed, I coped, there's nothing wrong
- 2 with me now. And I was ADD and I didn't take any medication.” But you know, times have
- 3 changed, the demands are different on children nowadays. There are more demands (.) and I
- 4 think that leads to a lot of poor self-esteem, when they are forced to actually cope without the
- 5 help of the medication.
- 6 MsY: That, and parents don't seem to understand what the child is going through, and they
- 7 start beating the child, I mean, I've had lots of that ...

The implication is that while previous generations may have 'coped' with their ADHD-related difficulties, it is the contextual realities of society today that minimise those intrinsic coping strategies. Medications extend the capacities of somewhat 'vulnerable' children to improve performance in a challenging environment. It is from this perspective, that the call to medication is weighted by the imposition of the school culture, rather than solely a flaw or deficit on the part of the individual child.

The admonishing tone of the following two excerpts from educators in both Remedial and Mainstream units illustrates the perceived irresponsibility of parents who challenge conventional medical and educational advice:

Excerpt 18 [Remedial]

- 1 Ms T: I think the best ones that have gone back [to Mainstream] are the ones where the
- 2 parents have kept them on the meds. Often the parents go back and take them off or do
- 3 something stupid, like change it all around and don't let it be like it was here.

Excerpt 19 [Mainstream]

- 1 MsS: Even the medication, for some of them, to actually get the medication out of the parent
- 2 or the child is a major problem ... and at times they will get very different ones; some of them
- 3 won't work or they will work but the parents don't like the behaviour at home, so they'll
- 4 change it again.

Through this rhetoric of doing “something stupid” [Excerpt 18, Line 3] or trying to “get the medication out of the parent” [Excerpt 19, Lines 1-2], parents are systematically positioned by educators as barriers to their child’s development and progress, and threats to the educator in fulfilling their duty of care within the school. This perception is consistent with Frigerio and colleagues’ (2013) study in which parents who resisted medication were “instrumentally positioned as guilty via a rhetoric that distinguishes between observable medical evidence and parents’ ‘anchorage to prejudice’, mistaken perceptions, irrational feelings, fears, personal problems and selfishness” (p. 596). However, not all educators adopt the hard-line approach to parental skepticism, by recognising that there may be alternate reasons why parents decide to alter or resist medication, aside from the potential medical side-effects:

Excerpt 20 [Remedial]

- 1 MsA: I wanted to add even now from when I first started in the Unit it’s hard to find the line
- 2 between is this behaviour because the child is ADD or is it a behavioural issue? Sometimes
- 3 the parents will sit with me and say the child must do it without medication. Somewhere
- 4 there’s a line, he can do X but then when he’s not focused and he can’t concentrate he can’t
- 5 go beyond that. Some of the parents can’t see that they don’t want the medication or they
- 6 don’t want it on the weekends or they feel that the child is not trying along with the
- 7 medication. We do get some children who don’t try but others who are trying as hard as they
- 8 can. It’s a line I find very hard to differentiate between.

Developing a working alliance with parents and children is a complex dynamic that involves balancing the needs of different parties, and foremost acting in the best interest of the child. In the previous account, it is suggested that parents may defer medication not because of simple ignorance but because of an intention to activate and support the child’s own personal capacity; to diminish the power of the Ritalin ‘crutch’ (Singh, 2011). While MsA does not fully subscribe to this logic, she expresses her own difficulties in separating ‘actual’ ADHD-related difficulties from other emotional or motivational issues.

11.4. Letting Go – ‘The Hunk’ and Troubling Failure

If the previous two sections (Flunk and Punk) referenced the at-risk and risky narratives surrounding ADHD, then the introduction of the third narrative for ‘Hunk’ prioritises measures of success within an ADHD context. Contrary to the boys, where few positive ADHD resources were identified in the groups (excluding the threat of aggression), educators

across learning contexts were responsive to identifying various activities and spaces where children with ADHD may be achieving success. The following analysis organises these spaces as present opportunities and future possibilities.

11.4.1. Free to Play

Educators recognised a number of significant ‘unmedicated’ spaces where productive ADHD capacities emerge. In the first instance, sport provided an important social space where children, although primarily referencing boys, were able to interact and perform successfully, most often without medication. For educators, a contradictory relationship emerges in which the medication that enables performance in the classroom is reframed as a potential barrier to performance in sport:

Excerpt 21 [Mainstream]

- 1 MsH: [] Like my nieces and nephews race BMX, they’re all ADD, but they don’t take their
- 2 tablets when they race because that impulsivity in their body makes them race like crazy. I
- 3 mean they’re brilliant because they are impulsive and they have the ADD, but then I also
- 4 think that under-managed and unmanaged ADD can be a disability because you can’t cope in
- 5 a school situation.
- 6 MsO: Nigel doesn’t swim as well on his meds. He swims slower when he takes his
- 7 medication. So if he’s going to a gala, they don’t give him his top-up. (?) Even we see with
- 8 the reading, they read slower on their medication but it allows them more accuracy whereas at
- 9 home they read much faster, but less accurately.

Through this conversation, it emerges that the intrinsic driving force or impulsivity associated with ADHD is a means to gain a competitive advantage, such that medication may delay these pathways to success; an opinion shared by Nigel. Educators acknowledge their complicity in resisting medication top-ups on days of sporting events, thereby rewarding and promoting the same energies that would otherwise be problematised in a formal learning encounter. Research has suggested how fathers, in particular, may struggle to reconcile their son’s impulsivity and distractibility in the classroom, which they consider normatively ‘boy’, with the potential disturbance that these same behaviours may have in other more ‘masculine domains’ like sport (Singh, 2005). Although medication may improve group status, fathers viewed its use as a marker of difference and weakness, and a ‘crutch’ for performance.

That is not to say that ADHD is always associated with successful sporting performance, as the associated impulsivity and distractibility could be interpreted as a barrier to achievement, depending on the sporting activity:

Excerpt 22 [Remedial]

- 1 MsK: With cricket, we had kids with ADD just standing there, not doing anything, fielding
- 2 and not knowing where the ball was. But with something like a swim where you get in and
- 3 go, [the ADHD] is not going to worry you.

The trade-off appears to centre largely on accuracy and speed, with sports that prioritise strength, stamina, and speed, like swimming and BMX, providing a channel for unrestrained energy and impulsivity. Sports like cricket, on the other hand, may require greater accuracy, precision, and patience; skills which may be improved through pharmacological intervention. It is important at this stage to recall that sports are gendered activities that accrue differing levels of status for the boys who participate in them (Bowley, 2013; Swain, 2006).

In addition to the sporting context, educators identified other positive traits emerging in the unmedicated spaces of classroom interaction. In the following excerpt, Ms P describes the novelty and humour of a young boy in her class with ADHD and assigns value to his entertaining personality:

Excerpt 23 [Mainstream]

- 1 MsP: A little one in my class, when he hasn't had his medication, he's like, an entertainer.
- 2 He's a comedian. And I'm not being funny about that, you know, that he'll really entertain the
- 3 class, he'll sit there, you know, and I think that's a wonderful thing. It's nice to see that
- 4 creative side.

The positive description of the child as “entertainer” or “comedian” is interesting in relation to a previous conversation where more potentially stigmatising comparisons were drawn to a ‘clown’ [Excerpt 9]. Medication becomes a lens through which to understand ADHD symptomology, setting up conditions of acceptable and unacceptable child behaviour. While the boisterous behaviour of one child is rewarded as an authentic expression of ‘self’, the same spectrum of behaviour may be stigmatised when interfering with the medicated learning space.

11.4.2. Championing Future Success

It may be unsurprising that play-based experiences and sports afford children with ADHD the opportunities to excel, such that educators valued this behaviour outside of a medicated frame. However, the educators and caregivers interviewed were also able to identify spaces in the world of work, where people diagnosed with ADHD may also thrive. These opinions were supported by real-time actions in the Mainstream classroom, where students were said to be exposed to influential people who had or were suspected to have had an ADHD diagnosis, thereby fostering positive associations of ADHD with future success. Similar to the accounts put forward in the previous section, educators recognised that ADHD-related potentials like creativity and multi-tasking were significant assets that could support productivity and success in certain high-paced work contexts like the stock exchange:

Excerpt 24 [Mainstream]

- 1 MsS: I think at the same time it can be a major a-bility. I mean your ability to multi-task,
- 2 your ability to handle situations, at the same time. They say a lot of people doing,
- 3 working on the stock exchange are ADD, hyperactive, because there's so much
- 4 stimulation, so many things they've got to have under their control at the same time
- 5 and focus so much detail on, that they actually thrive in that situation, so as much as...
- 6 you could define it as a disability, it's an ability.

Within this account, the educator subverts the traditionally problematic features of an ADHD diagnosis by suggesting that the capacity to juggle multiple foci may be advantageous for employment and productivity. Considering the lack of dialogue as to how children draw benefit from their ADHD diagnosis in regards to task completion, it is here that the workings of a developmental discourse come in to play, to suggest that only adults may possess the competence, maturity, and experience to navigate unmedicated work spaces. A further interpretation is that there is a greater tolerance towards ADHD-risk once youth exit the formal education system, and once it is assumed that they have been suitably equipped with developmental skills.

While the nature of the interviews focused on children with ADHD in a school setting, educator views were regularly interwoven with personal accounts of ADHD, whether in relation to family members or self-diagnoses. As this distance between ADHD and non-ADHD reduced, other speakers within the interview context appeared to adopt a more

sensitive orientation towards their characterisations of ADHD, as reflected in the following extract from the research field notes:

A few minutes into the Mainstream educator interview, one of the educators who had been silent until that point, disclosed her own childhood diagnosis of ADHD. Even though the speaker was agreeing with the other educator's comments and impressions, her disclosure of ADHD seemed to shift the emotional current of the session and initiate a greater sensitivity and attentiveness by the other educators towards the potentially stigmatising language they used in their descriptions.

The personalisation of ADHD by many the educators in this study may also explain why stories of adult-ADHD-success featured so prominently.

11.5. Concluding Remarks

The analysis of educator accounts reinforces the power and prevalence of the biomedical discourse in advocating detection and intervention strategies to minimise the risk of ADHD. Within the context of this discourse, young children are largely positioned as passive and subject to the outcomes of their biology and the decisions made by parents regarding management protocols. Despite the lack of clarity regarding ADHD causality, educators actively construct and negotiate perceptions of risk and vulnerability, which intersect with broader social assumptions of age, sex, and gender. Furthermore, medications like Ritalin are regarded as an important regulatory device to mitigate risk, support the function of scholarly practice and ensure children remain on 'track' for success.

However, tensions are noted within this purely biomedical view in relation to moral perspectives of personal accountability and gendered critiques of schooling cultures. In many respects, ADHD problematises the rhetoric of the "sacralised" innocent child through challenges to adult authority. The contentious nature of ADHD in terms of diagnostic validity and pharmacological management, also erodes and 'troubles' the protective intentions of adults, activating educators and caregivers to employ various discursive strategies to repair these ruptures in their identity work.

On a positive note, educators in this study do recognise and support (where possible) the unmedicated ADHD traits relating to creativity, humour and sporting performance. The acknowledgement of these success stories is important for fostering resiliency in light of the prevailing biomedical literature that associates ADHD with risk.

Slide. Sit. Scrape.
The four steel prongs lock into place.
From above, the fan shifts into gear, teasing the edge of my page with each rotation.
The pulse of its Morse code dissipating.
An SOS to nowhere.
All around me is a drone of voices. Indiscernible noise.
The clicks and clacks of learning artillery.

Wait. Movement up ahead.
Our commander proceeds to etch her strategy on the board.
Swirls of chalky dust spill to the floor.
White chalky residues, almost like ash.
Or snow.
Oh, to see snow again, to feel snow again, to be outside.
Words torpedo at my shoulder.
“Open your book. Where is your pen?”
“It seems like someone didn’t take their tablet, I mean ... their vitamin today”
Silence then snigger.
Scrape. Stand. Shuffle.
“Move quickly now. We don’t have all day.”
Heading to the front line, I absorb their stares. The disapproval.
There are no secrets or subtleties here.

Out of the drawer comes the blister pack.
The round pellet thrust in my palm.
Chemical warfare.
A slug of water. Another snigger from behind.
More ammunition for their attacks.
I return to my position.
Pained by the reminders of my constant failings.
Unrealised potentials. But too ‘at risk’.
Will this urban child soldier ever be up to standard?

‘Crusade’ by Leigh Adams Tucker

PART FOUR

SYNTHESIS OF FINDINGS AND CRITICAL REFLECTIONS

The letters float off the page when you read, right? That's because your mind is hardwired for Ancient Greek. And the ADHD—you're impulsive, can't sit still in the classroom. That's your battlefield reflexes. In a real fight, they'd keep you alive. As for the attention problems, that's because you see too much, Percy, not too little. Your senses are better than a regular mortal's. Of course teachers want you medicated. Most of them are monsters. They don't want you seeing them for what they are.

— Rick Riordan (2005)

— Excerpt from the *Percy Jackson and the Lightning Thief*, novel

Chapter Twelve

New Storylines for Boys and ADHD

12.1. Revisiting the Research Questions – Arguing for a Multiplicity of Selves

The main objective of the study was to understand how young boys (and their educators) construct, negotiate, and position themselves in the context of an ADHD diagnosis while paying particular attention to the gendered, ageist and ableist scripts utilised in this performance. Five research questions were proposed in support of this aim, as outlined in Chapter Five. The specific design of these questions and choice of terminology reveals the feminist post-structural framework guiding the study design.

From the perspective of this study, attention is granted to both the material and socio-cultural markers of identity that are at play within the interactional space, referencing, in particular, Harré and Moghaddam's (2015) work around embodied, autobiographical, and social 'selves'. The embodied self remains relevant and is actioned in the material world; providing a canvas for the ascription of various meanings that structure and define experience. Acknowledgement of an 'embodied self' also validates the decision to highlight the intersection of social categories like age, sex, and physical impairment. However, post-structural readings enable us to destabilise the essentialist and deterministic views that may be fixed to these social categories through readings of gender, childhood, and disability. Approaching the analysis from this deconstructive perspective demanded a high level of reflection and critical questioning around the analytical interpretations.

The results presented in Chapters Eight through Eleven of this thesis, provide a graduated and textured analysis of speaker positionings in relation to the dominant developmental canon that aligns ADHD with risk or stigma. Discussion is weighted towards the accounts of the boys, however, the inclusion of educator narratives provide a reflexive point for the anchoring of normative discourse. The purpose of this chapter is to revisit the key findings that emerged in the analysis and to argue in relation to the existing empirical and theoretical work regarding stigma, disability, and the performance of desirable boyhood subjectivities.

12.1.1. Stigma and ‘Spoiled Identities’

Goffman’s (1963) understanding of stigma involves degradation of an individual or group due to some actual or inferred attribute. The key to this definition of stigma, in light of the relative ‘invisibility’ of ADHD, is this mechanism of inference. Despite the aetiological uncertainties reflected across participant accounts, findings of this study suggest that ADHD remains rooted in a (hypothesised) physical deficit, made manifest through particular observed behaviours. These physiological descriptions underscore a pervasive psychomedical discourse for ADHD; a view which is shared across similar research studies eliciting youth opinions (Cooper & Shea, 1998; Exley, 2005; Honkasilta et al., 2016; Travell & Visser, 2007).

Reliance on this psychomedical discourse essentialises risk within the body and internalises problems within the individual (Graham, 2007), introducing various assumptions about the onset and course of illness, the proposed treatment and the level of ‘control’ that ‘ill’ parties have over their health and wellbeing. Honkasilta and colleagues (2016) highlight conflicting constructions, where ADHD was “simultaneously a medical disorder absolving the participants of responsibility and a socially imposed, a priori stigma that defined a narrator’s deviancy in interviews” (p. 254).

Although educators in this study recognised the long-term risks of ADHD, they debated the everyday experience of stigma, with some recalling specific incidents of peer teasing within Riven Primary, and others arguing that ADHD is an accepted and routine part of society and schooling culture. Boys also normalised ADHD to a certain extent, as a shared characteristic for group belonging; however their accounts made apparent the workings of a ‘spoiled identity’ (Goffman, 1963), by acknowledging intrinsic differences to non-ADHD peers and the potential costs of ADHD in terms of disrupted educational performance and social exclusion (Cooper & Shea, 1998; Kendall et al. 2003; Singh, 2011). Singh and Baker (2013) shared a similar repertoire of difficulties in their discussion of ‘performance’ and ‘conduct’ niches, and the effect on experiences of ADHD diagnosis, stigma, and treatment.

Stigma involves not only an awareness of devaluation by others but an internalised sense of discomfort resulting from an agreement with and self-application of negative stereotypes (Corrigan et al., 2009; Hinshaw, 2005). Concealment or deflection, particularly in the case of ‘invisible illnesses’, is seen as potential mechanisms for managing stigma (Hinshaw, 2005; Thoits, 2011). However, in this study, the boys’ ADHD was already actively foregrounded in their research participation, thereby excluding this strategy of self-

management. As such, boys rehearse a repertoire of undesirable features to position self and others with ADHD as biologically faulty, under-achieving, emotionally unstable outcasts.

Conversations within the group and individual interviews were flooded with metaphorical imagery of ghosts, clowns, tokoloshes, and other wild non-human creatures that ‘monsterised’ ADHD. These findings support a body of literature regarding youth’s negative perceptions about ADHD, as being seen as different, deviant, damaged or inherently ‘bad’ (e.g., Arora & Mackey, 2004; Brinkman et al., 2012; Cooper & Shea, 1998; Exley, 2005; Kendall et al., 2003; Law, Sinclair, & Fraser, 2007; Singh, 2007, 2010; Travell and Visser, 2007; Walker-Noack et al., 2013; Wiener et al., 2012). The boys also provided some insight into the potential source of this stigma in relation to diagnostic labels, observed behaviours, or the messages surrounding their medication use.

Children do not have to be formally diagnosed to be labelled ADHD due to the powerful associations with behavioural disturbance in particular contexts. Harwood (2010) uses the term ADHD *phenomenon* to explain the effects of this influence. Both boys and educators were more likely to talk about ADHD through pseudo-medical jargon linked to observed behaviours and medication like “being hyper” or “taking my Ritalin”. For educators, the messages communicated in the classroom around these behaviours (“looks like someone forgot to take their tablet today”), as well as the actual administration of medication provided additional opportunities to draw unwanted attention to the child concerned (Brady, 2014).

One of the ethical concerns in contracting for participation was the use of the actual term ‘ADHD’; a concern emanating from previous work regarding the stigmatising effects of these labels (Cooper & Shea, 1998; Davis, 2006; Hjärne & Säljö, 2013). In this study, most boys recognised the term ADHD, while some utilised it of their own accord to define a group identity, as “I am ADHD” or “We are ADHD”. However, the term tended to be an abstract concept that lacked concrete definition (Law et al. 2007; Prosser, 2008), and on some occasions was even confused with the names of medications (“I take my ADHD”) (Kendall et al., 2003). These findings provide further insight into processes of medicalisation, where behaviours are reframed through medical frameworks (Conrad, 2007). Gaps and inaccuracies in the boys’ ADHD knowledge were also somewhat unsurprising, as parents revealed during the consent interviews that they rarely used the term ADHD or avoided discussion on the subject altogether (Hinshaw, 2005). This regulation of technical knowledge and decision-making, under the guise of child guidance and protection, is noted within other parental accounts of ADHD management (Brinkman et al., 2012).

It is important at this stage, to acknowledge that ADHD stigma is not just a unilateral concept, related to either ‘being’ or ‘not being’ ADHD. Both the boys and the educators actively constructed and differentiated diagnostic severities for ADHD, to make available various narrative positions within the midst of a stigmatised space – an issue that was explored throughout the analysis. In other words, ADHD risk could be constructed as mild, moderate, or severe (Arora & Mackey, 2004; Blood, 2015; Prosser, 2008), and therefore associated with differing degrees of distress, stigma, and accountability.

The characteristic of ‘hyper-ness’ was repeatedly positioned as more disruptive and offensive when compared to other ADHD-related difficulties like inattention. As per Hinshaw’s (2005) dimensions of stigma, the impact of hyper-ness may be magnified by the overt and uncontrolled disruption at the level of the body. For boys, hyper-ness was distinct from aggression, with the former associated with ‘silly’ and immature behaviour. Not only were ‘hyper’ children more vulnerable towards peer rejection and discipline, but the label of ‘being hyper’ was used by boys to discredit peers and attain relative privilege, as observed in the comments of Mark [Excerpt 5] and Trevor [Excerpt 11] in Chapter 8. Plummer (1999) also noted in his work within schools that being ‘babyish’ was a powerful signifier of the ‘unmasculine’, among young boys and their peer groups.

‘Hyper’ boys were subject to a secondary form of stigmatization by boys and educators relating to judgment around poor medication adherence and irresponsibility. In other words, ‘hyper-ness’ presents a direct challenge to the masculine project, as it threatens productivity and conflicts with dominant hegemonic ideals relating to rationality and responsibility. That is not to say that all boys reproduce the same script of deficits, but rather that this ‘problem’ and ‘risk’ is embedded in a repertoire of meanings linked to ADHD that has reached canonical status.

12.1.2. Negotiating Boyhood Ideals

Although poor school performance and disruptive conduct were undesirable within the particular school context and conversational space, one may argue that the available gendered scripts associating masculinity with aggression and school under-achievement, support boys in acknowledging these types of ADHD-related disadvantages. In other words, it is more desirable to be ADHD, even with the incumbent difficulties, than ‘weak’ and ‘wimpish’. This differs from Galasiński’s (2008) work, where men were driven to remove and distance depression from the production of the masculine self, because of the feminised associations between depression, and weakness or excessive emotionality. In this way, boys move from

the passively ascribed ADHD patient to voluntary medical consumers who accrue benefits from the medicalisation of their difficulties (Speed, 2006). Therefore, to assume that ADHD stigma immediately renders boys as vulnerable is a problematic one-dimensional perspective, as boys introduce various strategies to resist or reframe this seemingly negative positioning.

Kiesling (2006) describes how men “create identities that are powerful in different ways, by indexing different sources of power”, including but not limited to physicality, economics, intellect, solidarity, and heterosexuality (p. 269). Various discourses are constructed and activated to attain these fictionalised ideals; however particular sources of power may materialise or gain prominence at different points in time. For example, young boys may be largely excluded from or limited in accessing power or privilege through fatherhood, the management of domestic affairs, employment, and sexual relations, due to social and legislative regulations on the basis of age. Men with disabilities are also routinely limited from masculine privilege, due to dominant discourses regarding impairment and the feminisation of ‘weakness’ and dependency (Coston & Kimmel, 2012)

For Coston and Kimmel (2012), marginalisation “frames power and privilege from an interesting vantage point; it offers a seemingly existential choice: to overconform to the dominant view of masculinity as a way to stake a claim to it or to resist the hegemonic and develop a masculinity of resistance” (p. 99). In this study, two responses were most notable; ‘*staying on track*’ or ‘*watching your back*’. Both of these responses reveal how risk and stigma are reconstituted through different strategies that speak to broader discourses of childhood, masculinity, and disability.

12.1.2.1. “*Staying on Track*”

The previous discussion has highlighted how the boys in this study were disturbed and disappointed by the educational difficulties attributed to their ADHD. These concerns were particularly elevated for the Remedial group, where academic progress determined access to Mainstream education; the privileged schooling norm. Although boys acknowledged their ADHD risk, they actively worked to position selves as responsible and disciplined scholars, who possessed some control over their ‘faulty bodies’ (Cooper & Shea, 1998; Honkasilta et al., 2016). The strength of this narrative in regulating normalcy and the need for self-management illustrates the insidious nature of bio-politics (Foucault, 1978). Honkasilta et al. (2016) referred to this as ‘moral self-disclosure’, where youth present as mature and accountable by acknowledging flaws, and committing to addressing their difficulties. It is also possible to view this response as a form of *normification* (Goffman, 1963), where boys

attempt to neutralise the stigma of ADHD by aligning with dominant peer expectations and minimising differences in relation to self-control.

Support for the use of medication is not new to studies involving youth with ADHD (Cooper & Shea, 1998; Honkasilta et al., 2016; Kendall et al., 2003; Knipp, 2006; Singh, 2010, 2011). Most youths in this study take active responsibility for their healthcare and the management of medication, including an acknowledgement and dislike of medication due to side-effects like reduced appetite and nausea (Brady, 2014; Brinkman et al., 2012). However, considering the instrumental relationship that boys share with their bodies (Petersen, 1998; Robertson, 2006b; Seidler, 1994), this ability to endure discomfort may reinforce perceptions of courage, in pursuit of the end goal. Furthermore, it is possible that boys may glorify medication use in relation to other forms of non-medical intervention, as medication is within the realm of technology and ‘hard science’, and therefore holds greater credibility.

Interestingly, it is those individuals who languish in a ‘victim-mentality’ and fail to take *action* to address their ADHD, that face the greatest risk of social sanctions. One may also understand this as the workings of a passive-active dichotomy that constructs passivity as feminine (and undesirable) and activity as a masculine ideal (Hodgetts, 2008). Educators shared similar sentiments in suggesting that medication is important to ensure youth progress successfully on the ‘developmental track’, and thus reach their ‘true potential’ (Singh, 2005). Resistance to medication was subsequently deemed irresponsible and interpreted through a medicalised lens that reinforced the impulsiveness of youth with ADHD, while also casting blame on parents through implied genetic associations.

The boys’ pro-schooling attitude challenges traditional views of masculinity that associate academic achievement with low peer status (Kinney, 1993; Keddle, as cited in Chu et al. 2009; Mac an Ghaill, 1994; Swain, 2005; Willis, 1977). That is not to say that boys fully subscribe to a ‘nerdish culture’, as will be discussed, but rather that hegemonic ideals in this context are shaped by the achievement-oriented dynamics of the school setting (Lloyd, 1984; Singh, 2011); as well the infiltration of neo-liberal values in regards to individualism, self-reliance and productivity. As Winter and colleagues (2015) indicate, “by suggesting that individuals who are not performing at a certain level are compromised and require modification, the values of the economic system come to seem natural and universal, and become embedded in prevailing social ideas about ‘normal life’” (p. 430).

A gendered reading of this finding, suggests that boys may largely experience their ADHD as limits to purposive action, in terms of work. In other words, the masculine ideal of productivity is threatened or disturbed by ADHD. In Galasiński’s (2008) study, men were

seen to experience the weight of their depression, not as depressed mood, but as ‘failed doers’, due to the limits that the depression placed on their employment and the completion of other functional tasks. As such, it was “work – not the reduction of one, more or even all the symptoms – which [was] the measure of recovery” (Galasiński, 2008, p. 171). Applying this understanding to the study at hand, we note how even within the midst of a marginalised space, boys were able to recoup credibility by affirming the values of hard work and responsibility.

For Renold (2001), there is a distinction to be made between ‘high achievers’ and ‘nerds’; the latter of which risks feminisation and subordination. It is not that boys cannot be seen to achieve academically, but rather that they must not be seen to be trying too hard, as academic achievement is equated with conformity to adult authority. Echoes of that narrative appear in this study, particularly among Remedial learners, where one boy’s achievements illuminate another’s shortcomings, resulting in a jockeying for position within the group that brings other social signifiers into play. Expressions of success in order to present as the intellectual ‘Topdog’ may undermine the protective ‘Underdoggedness’ that boys share through their ADHD affiliation. Prominent disability scholars have suggested that there are costs for disabled individuals for being *too* successful in the face of oppression, where they can face accusations of ‘selling out’ (Shakespeare, 1996). It is, therefore, important to consider how boys reconcile their ADHD and medication use across this continuum of scholarly conduct.

12.1.2.2. “Watching your Back”

The previous discussion revealed how boys draw on gendered scripts to support their disclosure of academic difficulties, as well as to rationalise the use of medication for the purpose of productivity and performance. While opinion varied as to the role of academics in ‘doing boy’ successfully, theorists like Plummer (1999) have argued that physicality is central to defining hegemonic boyhood. In this study, it is noted how gendered scripts are utilised to enable boys to negotiate their physicality in the context of ADHD, more specifically, the strength and aggression that they foreground in their self-descriptions.

Although men have traditionally faced sociocultural limitations in expressing emotions, anger is one emotion that is often judged as more acceptable for men, as compared to women (Seidler, 1994). Boys played into the ‘short fuse stereotype’ (Singh, 2011) by expressing concern about how their ADHD could cause them to be unreasonably angered during stressful situations. Stigma was rooted in this fear of ‘losing control’ and the

recognition that these unruly emotions or behaviours could be exploited by peers in order to provoke a negative response. However, boys were also seen to ‘galvanise’ the physicality of their ADHD to gain some relative advantage over peers (those with or without ADHD) and to defend against potential threat. This is aligned with Singh’s (2011) reflection that “when a child ‘goes into his ADHD’ he consciously inhabits the label and mobilises the behavioural and the social resources of the diagnosis” (p. 894). Therefore, although boys in this study privileged self-control for the purposes of work, this narrative was not always useful for the masculine self-project within the social sphere.

Considering the boys’ limited muscularity and strength, as a result of their pre-pubertal age, mobilisation of ADHD was more likely to succeed through an implied danger that included verbal warning and the use of signifiers like medication. Boys like Peter and Mark elaborated the technical detail of medication, in terms of higher dosages and frequent administration, to compare and elevate the severity of their ADHD. If one was to refer to stigma management, it may be argued that this response is a form of *minstrelization* (Goffman, 1963), where boys accrue power through the dominant group’s perception of dangerousness rather than an actual enactment.

Our findings support previous research in suggesting that physical aggression remains a powerful resource for negotiating masculinities (Govender, 2011; Hamlall & Morrell, 2012; Langa, 2010; McCarry, 2010; Plummer, 1999; Tucker & Govender, 2016). However, violent conduct was not always deemed socially desirable by boys and needed to be evaluated and justified in light of the perceived threat, the potential outcome of the encounter, and even the style of conflict resolution. In other words, emotional expression at the level of the body still seeks legitimation through reason. For example, distinctions were drawn between an embodied ADHD that enhances physical capacities for the defense of self and others, versus the rhetoric of an ‘unhinged’ and unpredictable ADHD. While the first explanation validates ADHD for purposive action, the second interpretation, which was largely taken up by the Mainstream boys to distance themselves from Remedial peers, erodes the physical benefit as being too irrational.

12.1.2.3. Ideological Dilemmas and Agency: “I must learn but I mustn’t be weak”

Critical analyses of the boys’ comments reveal powerful ideological dilemmas (Billig 1991), made manifest at the sites of educational performance and peer relations. Ideological dilemmas arise when there is conflict or incompatibility between the interpretive repertoires that are taken up for identity work. Discursive analysis is useful to reveal where these

moments of tension and inconsistency may arise, and how they are managed by the speaker to save face and develop some consistency across the life narrative. Engaging with speakers in different situational contexts provides an additional layer of reflection as to why something is presented the way it is, at that particular time, i.e. “why this, why now?”

The prominent ideological dilemma derived from the boys’ accounts in this study was summarised as: “*I must learn but I mustn’t be weak*”. The discussion so far has observed how boys valorise hard work and determination in the face of adversity and past failure. To uphold this ideal and defend against perceived weakness, boys go to great lengths to justify their medication use as rational, responsible and purposive, while marginalising non-compliant peers. Educators reinforce this same logic in validating and comparing youth’s accountability in the midst of their ADHD. It appears, however, that boys may also subscribe to reactionary and aggressive ADHD stereotypes to counter the docile and potentially feminised self that is at risk through the pursuit of educational goals.

Overall, boys hailed medications like Ritalin as an ADHD panacea that worked to tame the ‘excess’ interrupting their learning focus. Viewing ADHD as an ‘addition’ of difficulties is interesting in countering the view of disorders as purely a deficit or absence of abilities. As Barrett (2014) notes, “these ‘medicalised masculinities’ sit very uneasily with dominant narrations of the ‘dilemma of disabled masculinity’, reflecting less the feminising implications of a disability identity, than (what some regard as) the disabling consequences of masculine excess” (p. 50). Furthermore, the claim towards being ‘weak’ in order to work, as well as the association that girls are naturally better at studying, draws together a logic that girls may comply because they are naturally ‘a weaker sex’. Whether boys and their families choose to ‘weaken’ the ADHD through medication depends on the gains to be made by this compliance.

It is in the private interview space, as discussed in Chapter Ten, that boys³⁴ like Trevor, Andrew, Jason, and Nigel vacillate around the ‘true’ benefits of their medication, as to whether Ritalin places them closer or further away from the masculine ideal. The arrangement of cases in Figure 5 below is not intended as a fixed social hierarchy but a reflection of which boys appear more successful in navigating their ADHD-related vulnerabilities across medicated and unmedicated spaces.

³⁴ George’s ambivalence towards the medication is largely a result of inadequate access, and not personal choice.

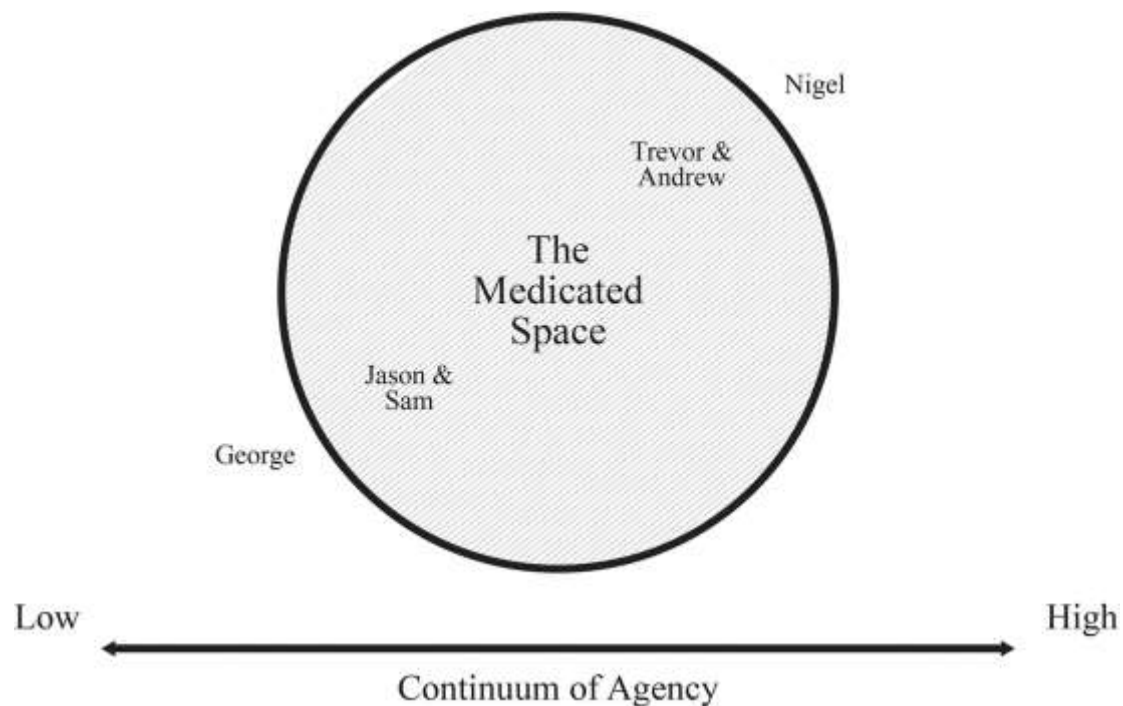


Figure 5. Conceptualisation of Individual Positionalities and Agency

Educators in this study referred to sporting performance, creativity and humour as positive ADHD qualities largely made manifest outside of medicated spaces. Aside from physical aggression, which is considered somewhat problematic, boys were less likely to highlight specific ADHD strengths, particularly in the group space where narratives of success were closely policed. Boys were also unlikely to promote their skills in the individual interview, suggesting that boys do not fully understand or embrace the potential benefits of ADHD as part of their identity project. Nigel was the only participant to reflect on his athletic superiority, which he attributed to his ADHD and the limits of medication to purposive action in that area.

Although Nigel promotes his embodied ADHD as an advantage, there is hesitation in classifying this response as a form of “militant chauvinism” to counter stigma (Goffman, 1963), as there does not appear to be a strong consistent belief from Nigel that he is intrinsically any ‘better’ than his non-ADHD peers. In terms of a continuum of agency, Nigel still accrues status by his ability to reposition himself successfully in the unmedicated space by aligning his ADHD with hegemonic ideals of physicality. George’s positioning, by contrast, is viewed at the lower end of the spectrum. That is not to say that George does not have any agency, but rather that he is positioned as a passive ‘victim’ (and at risk of subordination) due to his inability to access the medication, which he views as integral to his

personal narrative of success. In this way, we note how these material realities, of which George can have no control, shape his agency as a health consumer (Dumas & Nelson, 2016).

In Trevor and Andrew's case, they were able to navigate the detriment of their ADHD diagnosis by compartmentalising their difficulties temporally and spatially. Therefore, even from within a medicated space they were able to exercise agency by upholding a masculine rhetoric centred on rationality and control, as discussed repeatedly throughout this analysis. It is Jason (and Sam's) accounts that reflect tensions of masculine authenticity within the medicated space. The dosing dilemma involves a need for some level of academic success but also a concern that medicating to achieve this, impacts personality and peer relatability; a finding noted in other educational studies (Bradley, 2009; Brady, 2004; Cooper & Shea, 1998; Loe & Cuttino, 2008). In this way, we note how a subscription to the dominant medication imperative may be disempowering and disenchanting, as it involves sacrificing the fun and playful energy that is so central to peer membership among boys (Plummer, 1999).

12.1.2.4. ADHD across Remedial and Mainstream Settings

The unique design of the research study enabled additional commentary and discussion as to how ADHD-related differences and perceptions of stigma were managed across settings, particularly in terms of Remedial and Mainstream learning environments. A body of literature exists to suggest that stigma may be aggravated at the intersection of other social inequities, although findings in relation to mental ill health lack clarity (Mukolo, Heflinger, Wallston, 2010). The prevailing logic is that children with ADHD undergoing Remedial education would experience greater stigma than their Mainstream counterparts because they face compounding challenges in terms of both their attentional and/or behavioural symptoms and their specific scholastic difficulties.

Theorists have distinguished between 'I am' and 'I have' illnesses, and the implications of such attributions (Estroff, 1993; Honkasilta et al., 2016). In the case of the former, 'I am illnesses' involve a "fusion of the self with the sickness, of diagnosis with identity" (Estroff, 1993, p. 257), and are associated with a greater complicity towards the patient role. In this study, it is argued that individuals may shift between 'having' or 'being' ADHD depending on the particular dynamics of the situation and what they hope to achieve by this self-positioning. For example, it is noted that boys in the Remedial group were more likely than those in Mainstream to self-identify as ADHD ("I am ADHD"); a category membership that was often conflated with their learning disorder and made unavoidable by

placement in a separate learning unit. In this way, as much as ‘being’ ADHD introduced potential stigma through difference, it was also adaptive in affirming a collective group identity through inclusionary othering (Gajaria, Yeung, Goodale, & Charach, 2011)

While ‘being’ ADHD tends to imply some static identity, boys also referred to ‘having’ ADHD and were thereby able to mobilise different discourses for self-presentation (Brady, 2014; Honkasilta et al., 2016; Prosser, 2008; Singh, 2011). As such, they are able to disrupt the chronicity of their diagnosis to create space for the expression of alternate selves. Most notably is the way in which Remedial boys, like Trevor, compartmentalise and rationalise their ADHD as an educational problem. This connection is supported by the unique teaching dynamics and messaging within the Remedial environment, where emphasis is placed on cognitive skills. By contrast, boys in the Mainstream appear to possess a relative lack of clarity around the boundaries of their ADHD, both as a shared diagnosis, and as a schooling issue. Through a lack of explanatory models, ADHD bleeds into different areas of life, resulting in greater confusion and more opportunities for stigmatisation.

12.2. Intersectionality, Positionalities, and Partial Privilege

The argument for incorporating intersectionality within research arises from a concern that single-axis research designs, particularly those that prioritise gender, may be limited in understanding social complexities (Hankivsky, 2012; Jewkes et al., 2015). Decentering gender in analyses is therefore not to make it invisible but to redefine it through alternate systems of meaning. However, the application of intersectionality as theory and methodology is not without debate, as already discussed in Chapters Two and Seven of this study. Phoenix (2006) summarises these tensions from different epistemological standpoints, as either a failure to address structural inequalities by over-emphasising agency, or (paradoxically) the promotion of fixed identity structures. For intersectionality to hold a place in this study, it has to involve the deconstruction of social categories. Simply identifying which social categories increase or decrease risk essentialises groups and limits social transformation (Jewkes et al., 2015).

In order to not be overwhelmed by the multiple intersections at play at any given time, a deliberate choice was taken in this study to focus on the identifiers of age (childhood), sex (gender), and impairment (disability)³⁵, where these features were also anchoring points in relation to participant selection. This approach is supported by theorists like Yuval-Davis

³⁵ In reference to ADHD diagnosis, and enrollment at the level of Mainstream and Remedial classes.

(2006) who argue that “in specific historical situations and in relation to specific people there are some social divisions that are more important than others in constructing specific positionings” (p. 203). That being said, intersectionality rejects hierarchies of oppression that pre-determine the salience of identifiers (Hankivsky, 2012). In this study, it was difficult to order or define a starting place for analysing intersectionality, as disability and gender simultaneously work to construct and define one other, while age-based constructions of childhood and related material barriers shape expectations.

The standard representation of ADHD is the Western, White middle-class boy (Hart et al., 2006); which are seemingly privileged social identifiers that are regularly neglected in intersectional analysis (Levine-Rasky, 2011). Challenges are noted to that stereotype in this study, as only four of the nine participants identified with that description in racial terms. However, it was ironic that race was not foregrounded as an important analytic identifier in this study, in light of the origins of intersectional theory. It is possible that this avoidance of race is informed by my own interpersonal anxieties around causing offense; particularly as someone who identifies as a White woman in a racially-charged South Africa. These absences also offer points of reflection for the sociocultural forces that privilege different speakers or particular tellings of those social realities. For Dumas and Nelson (2016), young Black boys routinely face a “denial of subjectivity” and “*unimaginability* of Black boyhood” (p. 31), which they attribute to global assumptions of childhood incompetence and an overshadowing of the risky ‘crisis’ discourse surrounding Black men.

That is not to say that racialised discourse was absent from this context, as boys did mobilise racial stereotypes and primitive rhetoric to subordinate their peers. However racial discourse was arguably less about ADHD than the class-based perceptions emerging at the level of Remedial and Mainstream schooling, which posits “wild Black Mainstreamer” against “crazy White Remedial”. While these associations may not directly refer to ADHD, they do have broader implications for how behavioural disturbance may be theorised at the interface of race and class, and subsequently how these inequities impact access to mental health support services.

It would be tempting to suggest that boys with ADHD are privileged by gender but oppressed by disability; however, intersectionality complicates this logic, by highlighting the unique contextual factors at play in any given situation, as well the complexity arising from the intersection of these multiple structures (Mutua, 2012). In the following two sections, reflections are made as to how intersectionality may inform analysis and theorisation in the area of masculinity and disability studies.

12.2.1. Reflections for Boyhood Studies

The White, heterosexual, able-bodied man is a normative and privileged ideal that exists in public consciousness. However, “privilege is not monolithic; it is unevenly distributed and it exists worldwide in varying forms and contexts” (Coston & Kimmel, 2012, p. 109). The major value of Connell’s (1989; 1995; 2000) work with hegemonic masculinities, which was explored in Chapter Two of this study, is this recognition of power and the exercise of unequal privilege, particularly among men. A major point of contention, however, is the conceptual tie between hegemonic masculinity and patriarchy, as these types of gender relations may not apply to all studies of men and masculinities (Christensen & Jensen, 2014, p. 71). This is a particularly relevant concern considering the emphasis on boys and the sociocultural constraints as a function of age.

In the case of boyhood subjectivities, one of the criticisms leveled is the way in which theorisations of adult masculinities have blanketed understandings of boys and/or young men, ignoring the unique dynamics of childhood and age-related power (Dumas & Nelson, 2016). Thorne (1993) argues that boys are excluded from ‘adult male privilege’ (p. 172) and may face greater constraint regarding the spaces where gendered subjectivities are engaged with and produced. For Haywood and colleagues (2005), “the symbolic (read also as physical and economic) resources and cultural texts used to forge masculinity, such as work, family and leisure may not be available in the same way to younger boys [highlighting] the limitations of using (adult-defined) masculinity as a heuristic (meaning making) device” (p. 205). For example, despite the boys’ personal responsibility in medicating their ADHD, they were routinely limited by adults in the information made available about their condition and economically restrained in purchasing the drugs themselves. On the other hand, boys in this study still utilised embodied notions of strength as a comparative social resource among peers, despite the readily apparent limits in their muscularity and physical development.

In returning to Christensen and Jensen’s (2014) critique, it is argued that hegemonic masculinity is conceptually problematic due to the combination of two different but interrelated dimensions of power. Demetriou (2001, cited in Christensen & Jensen, 2014) distinguishes these dimensions as external hegemony, which is the patriarchal dominance over women, and internal hegemony, which reflects power relations between men. This separation is important as we cannot assume that dominant masculinities always legitimise gender relations that are oppressive towards women and girls (Christensen & Jensen, 2014). In this study, for example, boys did tease their female peers and express fears of feminisation. However, they also privileged the academic progress of their female peers and respected the

authority of female educators. It is argued that an intersectional approach enables us to disentangle assumptions about boyhood subjectivities at the interface of other social identifiers and draw attention to the workings of internal hegemony; where the weight of analysis is in this study.

For example, an intersectional perspective may suggest that a boys' willingness to medicate for ADHD is a result of a complex web of developmental discourse (at the level of age), where compliance with adult-authority for the purposes of achievement is valued, as well as the workings of masculine-ideals (at the level of gender) relating to hard-work, sacrifice, and self-sufficiency. For boys in the Remedial group, in particular, these narratives are repeatedly entrenched by educators in pursuit of academic success. Viewing subjectivities in this way enable us to consider how socially-constructed ideals may intersect in support of a particular position, or alternatively, how discourses may shift or conflict in different spaces and times, to create trouble for the speaker. The fluidity of subjectivities in this study was made manifest in the move from the public to private interview space, where boys drew on alternate masculine scripts to position the ideals of academic achievement as weak and submissive.

While it may be premature to abandon the notion of hegemonic masculinities altogether, it is argued, in support of the ideas put forward by Christensen and Jensen (2014) to consider internal and external hegemony as different yet interrelated dimensions of power. There is a need to challenge and problematise restrictive discourses that make claims to 'knowing' about boys (Chu et al., 2009), to recognise that discourses about boys are related to the social conditions of time and shaped by various sociocultural meanings. Foregrounding intersectionality and the intersection of different social categories will support a more situated and process-centred analysis for 'doing boy'.

12.2.2. Reflections for Disability Studies

The medicalisation of disability continues to confuse the concepts of disability and impairment. One of the unfortunate outcomes of this medical model, with its individualistic focus, is an effort towards 'treating' or 'repairing' the pathologically 'abnormal' individual. As such, the medical model has the potential to foster a paternalistic culture where individuals become passive recipients of the expert knowledge provided by professionals in the medical field. At the onset of this research, a question was posed as to how participant narratives de/construct discourse around ADHD and disability. This research unsettles a

number of problematic assumptions about disabilities and contributes towards the body of literature in critical disability studies.

Firstly, viewing disability as a singular, universal concept is to ignore the socially situated nature of restrictions (Barrett, 2014). Intersectionality, as an analytical frame, disrupts simplistic associations by noting that different impairments at the interface of different social identifiers, and in different contexts, may reframe disabilities in beneficial or problematic ways. Tisdall (2012) acknowledges that “the marginalisation, institutionalisation and familialisation of children and of disabled people have had certain historical and current similarities” (p. 183), including patterns of exclusion on the grounds of perceived incompetence and dependencies. In other words, oppression may be compounded and normalised in children with disabilities, where developmental scripts intersect to determine the extent of competencies for self-determined action (Harwood, 2010).

There is also a perception that disability poses a blanketed threat to productivity in all areas of life. However, “to define disability entirely in terms of oppression risks obscuring the positive dimensions of social relations which enable people with impairment...[and]...the reality that people with disabilities are always impaired but do not necessarily experience disablism all of the time” (Shakespeare, 2006, p. 57). In this study, boys did experience conflict and distress in relation to perceived differences, particularly in terms of their embodiment and issues of industrious behaviour. In echoes of Gerschick and Miller’s (1994) findings, the responses of boys do appear to rely on masculine ideals of strength and self-sufficiency, which may be seen as maladaptive compensation in their identity work. In terms of a ‘generativity’ of disability, the way in which boys mobilise features of ADHD to emphasise their determination in the face of struggle may contribute towards a new sense of masculinity (Barrett, 2014), which is an expression of agency and intrapersonal growth. However, it is also to be noted that there may be costs in adopting this narrative of ‘heroism’ (Kleiber & Hutchinson, 1999), as emphasising gains does not challenge the ‘gold standard’.

12.3. Concluding Remarks

In this study it is noted how boys consistently make reference to action-oriented masculine scripts to firstly; create a permissible space to speak about their difficulties with reduced social sanctions and secondly; to rationalise their choice to medicate in pursuit of success and productivity. Securing progress on the ‘track’ of future success reveals a powerful developmental and gendered discourse that shapes expectation of childhood ideals and masculine productivity. Similarly, externalising ADHD behaviours and medication dosage

may be mobilised to subordinate or elevate masculinities through biological notions of strength or the workings of an Underdog narrative that foregrounds courage and progress in the face of adversity. As it is, these ideals are fluid and open to contestation, as boys also resist the weakness and submissiveness that is implied through feminised medicated spaces. These finely-grained distinctions and positionalities are important to understand how boys navigate their boyhood subjectivities and embrace, resist or reframe potentially stigmatising aspects of their diagnosis. For children, ADHD is permissible or potentially advantageous in spaces of play like sporting activities or telling jokes; however, it remains a challenge or risk to the pre-defined expectations of the classroom. For adults who have navigated the developmental track, and demonstrated their maturity, ADHD may present an advantage in the work space, by drawing in multi-tasking and creativity.

Chapter Thirteen

Living Happily Ever After? Implications for Policy and Practice

13.1. Introduction

Throughout the course of this thesis, the aim has been to present an understanding of how the phenomenon of ADHD is negotiated in terms of boyhood subjectivities. A focus on young boys living with ADHD draws together various thematic areas relating to childhood, gender, mental health, education, and disability. Attempts have been made to explore the intersections of these key concepts, both in terms of the body of literature and the theoretical conceptualisations. As outlined in the preface of this study, the challenge of doctoral-level work is to transcend the realm of science to move into the critical and deconstructive space of meta-science (Mouton, 2001). However, as a psychologist working as an independent practitioner, there is an equally great challenge in translating analytical material into pragmatic action, as enacted through policy and practice recommendations.

This chapter makes reference to various key outcomes relating to this study and the theorisation of youth mental health in general. The first half of the chapter traces the usefulness of the theoretical approach in deconstructing mental health categories and also repositioning youth agency. Further conceptual analysis is offered in relation to how youth express resistance in relation to mental health diagnoses and the potential implications for fostering resiliency. Thereafter, more practical recommendations are provided in how to translate these ideals to improve boys' engagement with their diagnosis in therapeutic spaces. The chapter concludes with an overview of two areas of study critique or development, as well as recommendations for future investigations.

13.1.1. Destabilising the constitutive 'truths' of mental health categories

At the outset of the study, it was argued that ADHD remains a major issue of debate, sparking a wealth of research inquiry and social investment. The literature discussion in Chapter Four outlined some of the dominant explanatory models that work to construct ADHD as a disease, disordered morality, or a complex condition involving both influences of nature and nurture. Contemporary research tends to argue for a combined biopsychosocial approach to ADHD (Cooper, 2009, 2001; Singh, 2002; van Dyk, 2015). The pervasiveness of these repertoires is noted in this study, where boys refer to highly medicalised notions of

underperformance and bad behaviour, while educators contribute psychosocial explanations for ADHD onset and management. However, as Davies (2014) notes, these theories aim to ‘fix’ the meaning of ADHD and affirm particular ‘truths’, rather than provide an understanding of the constitutive nature of these ways of thinking. There is, therefore, a need to promote multiple readings to problematise these dominant narratives.

Uncritical acceptance of ‘early intervention’ and the continued medicalisation of children’s behaviour are biomedical frameworks that influence “many of the institutions of control in the lives of children” (Brady, 2014, p. 227). This linkage between ‘care’ and ‘control’ (Mayall, 1996) is particularly significant for youth and the broader developmental discourse surrounding protection. Privileging the psychomedical discourse elevates the role of medical compliance and treatment, introducing concerns that youth will be less likely to challenge other diagnoses and practices, as they are swept up in the mental healthcare system (Brady, 2014). It may also increase stigmatisation and impact self-efficacy for those who do not have access to treatment, as observed in the accounts of some boys in this study. While psychomedical discourse alone is insufficient to understand youth experiences of ADHD (Bailey, 2013; Honkasilta et al., 2016), a purely social understanding of ADHD may undermine the subjective experience of these difficulties and the suffering endured.

In this study, we note the enabling and disabling power of discursive devices in shaping perceptions of stigma, power, and responsibility for treatment. In other words, the way in which ADHD is constructed, through various interpretive repertoires, “makes possible different ‘subject positions’ – which are psychologically-laden locations that people take-up or inhabit as they intentionally or unintentionally paint a picture of ‘who they are’, or how they want to be seen in the particular conversation” (Korobov, 2001, p. 7). These particular positionalities have deeper implications for how boys ‘story’ and find meaning in their lives, as well as how key relational figures like educators view the intentionality of the child’s behaviour and choice of management strategies; as well the ways in which mental healthcare practitioners promote and deconstruct particular meanings in their interventions.

Where the narrative discursive approach holds promise in the field of health research, is enabling a critical examination of the assumptions underpinning diagnostic categories, in understanding the constitutive nature of these explanatory models and the implication for identity work. At a broader level, the narrative discursive approach reinvigorates debate surrounding mental health practice within the South African context, where factors like poverty, HIV and AIDS, abuse and violence underpin diagnostic symptomology (Kriegler, 2015). To uncritically accept labels in the context of these circumstances is tantamount to

further oppression and victimization on the part of the individual who is labelled. This tension is highlighted by Mills' (2014) critique of the morality of the *Movement for Global Mental Health (MGMH)* which aims to expand access to psychiatric services and pharmacological treatments for individuals in low- and middle-income countries, rather than focusing on the contextual factors that underpin mental health needs.

13.1.2. Framing Youth as Passive Patients or Active Consumers

Youth's involvement in their ADHD diagnosis and management is a complex and paradoxical one, where expectations for responsibility are frequently confused and in conflict. ADHD itself enlivens debates about discipline and acceptable child behaviour, in relation to threats to adult authority, where "meanings of childhood have been constituted and defined by adults, for adults, who thus determine how a child should behave, what a child should know and how and when they should come to know it" (Robinson, 2008, p. 115). Furthermore, while adults are often recognised for their individualism, youth are frequently treated as a homogenous group with regards to policy and practice recommendations (Coyne & Harder, 2011).

The research study supports findings that youth with ADHD are personally aware of the areas where they feel most or least productive, as well as how their medication makes them feel (Brady, 2014; Prosser, 2008; Sciberras et al., 2011). Although adults and youth may possess differing levels of technical knowledge about ADHD, it was concerning in this study that boys did not offer more clearly defined opinions as to what caused the 'problems' prompting their medication prescription. Caregivers revealed a lack of dialogue with their sons around diagnosis and treatment, while many boys commented on their limited communication during medical consultations, as caregivers primarily guided conversations with medical professionals. Despite this lack of engagement, boys still assume and are expected to assume responsibility for their medication, by reminding adults about tablet administration and the need for updated scripts, as well as communicating feedback related to treatment progress and potential side effects.

The lack of clarity regarding the aetiology of ADHD complicates recommendations as to what information adults should include when talking about ADHD diagnoses with youth. Meyer (2007) argues that the sacralised child and prevailing discourse of innocence have contributed towards childhood becoming a 'moral rhetoric' that is taken up by individuals in society. Therefore speaking 'for children' or advocating for 'their needs' is a claim towards being a moral and caring person. Caregivers may feel that they are protecting children by

regulating the amount and depth of information that is made available (Coyne & Harder, 2011), but taking tablets is a powerful act in itself that is embedded with particular meanings about health and illness; as illustrated in this study. As such, children may have claims towards agency “but the way that this is interpreted rests on assumptions about lack of competence and understanding, relating to the intersection of being a child and having a mental health condition” (Brady, 2014, p. 226).

National policies involving youth in South Africa continue to reflect tensions in reconciling protective and liberating discourses and defining appropriate developmental standards for self-determined action (Proudlock, Lake, Jamieson, & Draga, 2013). For example, *The Children’s Act (38 of 2005)* and the *Contraception Policy* issued by the Department of Health recognise the rights of children from 12 years of age to make decisions about medical intervention, while the *Integrated School Health Policy (ISHP)* specifies 14 years as the age of consent for healthcare services (Proudlock et al., 2013).

Children’s agency is shaped in relation to the structural realities of their physical and material world, limiting what is said and done at particular times. For example, boys in this study held very little influence in negotiating their schooling decisions and medical appointments, with non-existent economic influence in terms of access to treatment. While these challenges are understood and appreciated, the research argues for expanding definitions of growth and development beyond chronology or ‘stage completion’ to reframe identity as a continuous process of ‘becoming’ in which different subjectivities emerge in different spaces and at different points in time. Adopting a more fluid understanding of these processes prompts greater critical engagement with assumptions that young people are ‘vulnerable’ and ‘problematic’. It is important to acknowledge children’s vulnerabilities, however, one does not need to assume vulnerability as a ‘master identity’ (Prout, 2005; Singh, 2013).

Caregivers, educators, and healthcare practitioners need to be aware of the messages that are being promoted through the ways in which ADHD is identified and managed, as youth will still construct their own explanatory models for ADHD based on information that is made available to them, or on what they claim to know. Adults should be encouraged to have open discussions with children about what constitutes desirable and undesirable behaviour, as well as the experience of taking medication, rather than drawing on a routine script about ‘problems with the brain’, that fails to acknowledge the complexity and situational nature of these behaviours (Singh, 2007; Singh et al., 2010). As findings from this

study show, youth will readily share their opinion on these issues, if the conversational spaces are reflexively enabled for participation.

13.1.2.1. Implications for Research and Participatory Methodologies

Chapter Six was instrumental in defining some of the methodological and ethical challenges emerging in research activities with children with disabilities. The focus of participatory research and ethical practice is more than purely acknowledging children's voices, it is about appreciating how children themselves actively shape and define the meaning of their experiences (Alldred, 1998; Hill, 2006; Tisdall, 2012). A Mosaic Approach to methodology (Clark & Moss, 2001) that employs visual and verbal strategies holds promise in offering multiple opportunities for engagement, thereby increasing the child's recognition as an author in their own lives. However, patching together various tools with the hope of 'entering the child's world' is an illusory concept that disempowers child speakers. As such, there remains a need to think critically and engage in further theoretical dialogue about the value of integrating methods, to not assume that their inclusion automatically promotes participation.

Furthermore, a decision to conduct research with children experiencing diagnoses like ADHD raises important considerations as to fruitful participation and the potential effects of medication on participation. Evaluations for pro or anti-medicated research may be determined in relation to where adults locate the child's 'authentic self'; as either inside or outside a medicated space (Singh, 2005). Although this study deviates from the argument surrounding a singular authentic 'self', it is important to have awareness of these assumptions and how they may shape the nature of child participation and the interpretations made.

Adaptations to existing methodologies may be needed to support participation, as in the case of this study where boys presented with differing levels of attention. However, adjustments should be negotiated with participants (Hill, 2006), where possible, rather than imposing adult-centred and ableist boundaries of participation. It is argued that adopting an attitude of 'methodological immaturity' (Gallacher & Gallagher, 2008) that acknowledges vulnerability, messiness, and places of 'passive participation', while uncomfortable, may also produce opportunities to decentre hierarchies of power and critically evaluate researcher expectations.

13.1.3. Resistance as an act of Resilience

Throughout the study, it is argued that youth are routinely positioned as vulnerable beings in need of care and protection. In the case of mental health diagnoses, the at-risk discourse is

elevated among youth in motivating for early intervention. While it is not to disavow any of these concerns and vulnerabilities, there is need to critically consider that the results we find, are a result of what we choose to focus on. As such, this study makes the case towards shifting from a purely deficit-focus on ADHD, and mental illness in general, towards more strengths-based perspectives of health and well-being (Masten, 2014).

The tendency to view a stigmatised individual or group as oppressed and lacking agency is a re-stigmatising practice. “Stigma is as much about the resistance of identities as the reduction of identities; it is a dialectical process of contestation and creativity that is simultaneously anchored in and limited by the structures of history, economics and power” (Howarth, 2006, p. 449). Individuals may internalise stigmatised positionings that yield self-doubt and shame, however, they may also engage in an active distancing from or reframing of the static stigmatised identity (Howarth, 2006; Thoits, 2011).

Thoits (2011) proposes various conditions related to the enactment of resistance. Of these, our study shares the view that when ADHD is considered less serious, time-limited, and controllable, greater success may be experienced in deflecting stigma. Weiner et al. (2012) draws particular attention to young people’s attributions regarding the *controllability* of ADHD-related difficulties. In their research, motivation for treatment was related to beliefs that difficulties are controllable and situation-specific. Similarly, findings of this study suggest that reiterating ADHD as a school-level issue, even if youth feel it originates in the brain, may hold a therapeutic benefit in affording opportunities for young people to compartmentalise the extent of their difficulties, to accommodate alternate non-pathologising subjectivities (Thoits, 2011).

As with Weiner et al.’s (2012) argument, however, youth may lack motivation or resist interventions when they felt they cannot readily control behaviours. Positioning ADHD as a school-level issue may also close down spaces for engaging with the subject in the home environment, or may lead to aggravated stigma and disempowerment when medication is inaccessible during schooling years. Furthermore, if academic success is the primary purpose of managing ADHD, then treatment motivation may deteriorate once formal schooling is completed (Brinkman et al., 2012).

The theory of *positive illusory bias*, which features most prominently in quantitative and mixed-methods studies, posits that youth with ADHD routinely over-estimate abilities or competencies in areas where they struggle (Kaidar et al., 2003; Owens, Goldfine, Evangelista, Hoza, & Kaiser, 2007). On one hand, this bias has been associated with negative long-term outcomes for ADHD, like aggression (Hoza et al., 2010); a finding that is

interesting considering how boys in this study utilise physical threats. Alternatively, positive self-attributions may have a protective function against depressive cognitions, by buffering negative feedback and failure (McQuade et al., 2011; Sciberras et al., 2011).

In a recent paper regarding youth well-being in the context of HIV, it was considered that children may recognise positive self-capabilities like prosociality as a response to adversity; and that these same qualities may be underestimated or overlooked by their caregivers (Tucker, Govender, Kuo, Casale & Cluver, 2016). As with this study, youth living with ADHD may recognise positive qualities like creativity and future success, in spite of their difficulties (Kaidar et al., 2003; Sciberras et al., 2011). Part of fostering democratic adult-child relationships is to recognise that youth may not always share the world view of adults but that their view is valid, all the same (Brady, 2014; James & Prout, 1997). Furthermore, regardless of what ‘truth’ exists about these abilities, positive self-evaluations in the face of stigma are acts of resistance; which holds promise in terms of theorising resilience³⁶ (Bottrell, 2007; Thoits, 2011).

However, although it is convenient to align resistance with resilience, caution should be issued in assuming that resistance is always a healthy strategy resulting in positive consequences for the individual and their self-esteem (Thoits, 2011). As Singh (2011) notes, “playing up the stigma of ADHD diagnosis is a double-edged sword: when used for prosocial ends it is a positive form of agency; when used for selfish ends, it ultimately diminishes agency” (p. 894). Stigma and discrimination do introduce a great deal of stress into the life of the individual, which is not always easily acknowledged, managed, and resolved. Openly identifying this strain enables us to understand and appreciate why moments of resistance may happen when they do. There is, therefore, a need for adult figures to be more sensitive as to why children would exhibit resistance, like medication refusal, and what this decision means in their lives and the complexities of their identity work.

13.1.3.1. Implications for Therapeutic Practice

In providing mental health care services, whether in a group or individual setting, the aim is to create and maintain a supportive, yet challenging frame for a client’s personal exploration and development of insight. However, as noted in the introductory preface, the psychological and behavioural aspects of ADHD care often run secondary to pharmacological modes of

³⁶ Resiliency is a complex field of investigation that typically refers to adaptation in the face of adversity (Masten, 2014; Redl, 1969; Werner, 1989).

management. Our research points to a greater need overall, for person-centred interventions in the management of ADHD that recognise the significance of biography and narrative in constructing personal agency. The *Underdog*, as one example, emerges as a powerful and accessible social resource that may be incorporated within therapeutic interventions to illustrate and reinforce a commitment to self-restoration in the face of challenges. This concept of ‘strength through struggle’ is not wholly unique, as per theories of ‘stress inoculation’, ‘steeling effects’, and ‘post-traumatic growth’ (Masten, 2014), however working with this narrative-based understanding is useful to position resiliency as a continual process of becoming, rather than an end state.

Psychology practitioners are well-placed to collaborate with youth in developing alternate and more empowering role-identities that may reduce the globalising negative effect of mental health labels (Thoits, 2011). Generating this therapeutic dialogue may take various forms, depending on a psychologists’ style of practice. With my own personal bias towards contemporary discursive approaches to therapy, I am cautious in prescribing or advocating an approach or body of techniques that challenge an individual’s own authentic style of practice. However, at the very least, mental health practitioners may consider incorporating reflective questioning and activities into their consults with young people, to elevate and formalise enquiry into matters pertaining to perceptions of stigma and difference, ADHD-related strengths or benefits, and responsibilities for diagnosis management.

13.1.4. Engaging boys in therapeutic spaces

Chapter Three provided some insights into the role of masculine scripts and the beliefs surrounding impairment and invisible disabilities like ADHD in shaping equitable access to health services. Dominant masculine representations may be problematic in constructing men and boys as dangerous offenders and resistant help-seekers. Robertson et al. (2015) recommend using ‘male oriented’ language to improve the accessibility of health programmes for men and boys. Their suggestions include replacing terms like ‘health’ with ‘activity’ or substituting ‘help-seeking’ with expressions like ‘regain control’. Our research echoes the value of this suggestion, as boys subscribed to a gendered rhetoric that equates success with purposive action and performance. For example, boys in the Remedial cohort appear to more readily engage with their diagnosis because of the functional approach towards ADHD management, as espoused in their learning environment. Traditional gendered ideals may, therefore, provide a protective and empowering role at the site of inequities like disability, particularly if the narrative is taken up and reinforced in key social

spaces. However, it is also to be noted that simply rehearsing this rhetoric without offering any opportunities for critical engagement may reinforce a denial of emotionality, vulnerability, and weakness.

Hegemonic values of control and rationality at the interface of developmental expectations may be viewed as counter-productive to personal growth, as they mask the healthy expression of emotions and insecurities that may be associated with a diagnosis like ADHD. William Pollack (1998, 2000) shares this sentiment in his claims that contemporary ideals of control and success impose a “gender straightjacket” on boys’ behaviour (Pollack, 1998, p. xxiv). Although the focus of this argument is how the ‘success narrative’ may shape responses to ADHD, Pollack (1998, 2000) goes further to suggest that the ‘acting out’ characterising ADHD may, in fact, be a response to this restrictive culture. Michael Flood’s (2004) suggestion advances this point of view, that men’s health would be improved by “tackling destructive notions of manhood, an economic system which values profit and productivity over workers’ health, and the ignorance of service providers” (p. 277).

In this study, support is shared for Frosh’s (2002) view that rationality, “as the attempt to make meaning out of experience, should therefore not be abandoned, but rather extended to encompass the sphere of the irrational – emotion, anxiety, creativity, love and fear of the other” (p. 36). However, care needs to be taken to understand which environments may foster ‘safe social spaces’ for the process of exploring and validating alternate ways of being masculine (Gibbs, Vaughan, & Aggleton, 2015). Group spaces hold critical power by providing opportunities for witnessing stories and peer-to-peer questioning, as well as opportunities to highlight mutual understandings of ADHD and dominant hegemonic ideals (Allen, 2005). Reflections in Chapters Six and Eight of this study revealed some of the challenges in engaging with boys in a peer group space. Of these, groups may emerge as sites of ‘collusion’, where boys joke and resist adult authority or exaggerate opinions for the purpose of being provocative (Kehily & Nayak, 1997; McGeeney, 2015). This response is arguably even more complicated in the context of ADHD where there is an underlying permissibility in mobilising disruptive ADHD resources.

It is the chaos and discomfort of these group spaces that result in a feeling that these interactions are false and unproductive. However, this is in itself an adult-centric notion that delineates what should be considered valuable outcomes. Rather than determining what is an acceptable response, intervention strategies would benefit from focusing on what the individual is trying to achieve through the expression of resistance. Furthermore, analysis of these dynamics may be enriched by engaging with boys in alternate conversational spaces.

As this study suggests, interactions in an individual, one-to-one context away from the peer gaze provide additional opportunities to explore ADHD insecurities, and more importantly, to uncover potential ADHD-advantages.

13.1.5. An Inclusive Dilemma

The issue of inclusive education is inescapable in this study, as concepts of disability and education collide. However, this subject of inclusivity was increasingly difficult to reconcile in the discussion, owing to the dilemmic space in which I am situated through intersecting professional positions.

As a mental health practitioner, I am acutely aware of the power of labels and divisions, and see humanistic value in suspending categories to embrace the shared humanness or life force that connects us. Whether it is geographical or metaphorical; walls lead to containment and segregation, as compared to bridges, which enable growth and connection. It is, therefore, difficult to embrace diversity from within homogenous spaces. These anecdotal reflections are also supported by research, which suggests that biases, like mental health stigma, may be reduced through education and direct social contact and experience (Rüsch et al., 2005). For youth, learning environments are a key sociocultural space in which to enact this philosophy and promote more equitable social relations.

That being said, it is recognised that inclusivity is not a stigma panacea and that further attention needs to be paid to the situated and structural realities underpinning this policy implementation. In Flack's (2009) doctoral thesis, exclusionary practices for Learning Disability (LD) were magnified in a Mainstream context due to the readily available points of comparison. Whereas specialised learning environments supported a perception of 'sameness' that promoted more adaptive capabilities. Findings of this study reflect similar inclusionary and exclusionary tensions across Remedial and Mainstream learning contexts. However, it cannot be under-stated that boys in the Remedial cohort were still more likely to position themselves as Outcasts, as compared to the prevailing Mainstream norm.

It is the recognition of these complexities that sets the stage for a more focused and tailored consideration of what constitutes the "least restrictive educational environment" for each concerned (Flack, 2009, p. 59).

13.2. Study Limitations and Critiques

The study is not without its limitations and points of critical evaluation. The following discussion refers to emergent concerns at the level of methodology, analysis, and theoretical

application. Additional comments and reflections regarding the ethical and practical difficulties encountered during data production have been reflected upon in Chapters Five and Six, to contextualise the observations provided. While considerable debate was issued in Chapter Seven, as to the gains and shortcomings of micro-level conversation analysis or macro-level social discourses. One of the first areas for reflection in this study was the potential impact of participant diversity, in light of Remedial or Mainstream enrollment, diagnostic subtypes of ADHD, and comorbid diagnoses (Davies, 2014).

13.2.1. Defining the Sample

Considering the methodological and theoretical orientation of the study, participant diversity was favoured over achieving ‘true’ sample representivity or claims towards generalisability. Furthermore, from a post-structural perspective, it is appreciated that the meaning of membership categories or identifiers, as stated above, are not ‘fixed’ but are constituted through discursive processes. However, it is still acknowledged that these identifiers introduce perceptions of ‘difference’ that may have shaped the boys’ accounts, and which are not readily addressed in the analysis. For example, there were suggestions (even if not formally verified) that some of the boys experienced comorbid anxiety symptoms.

In cases where ADHD was not individually identified during the discussions, it is possible that the boys were referring to a general ‘medicated experience’ in their responses. This introduces considerations as to whether the experience of medicating for anxiety, also shifts the experience of medicating for ADHD and the positionalities that are subsequently made available. Similar concerns were raised about the conflation of ADHD with remedial education; something that the boys themselves alluded to. Although it was relatively easy to distinguish ADHD in the accounts of Mainstream boys, it was not always clear whether the Remedial boys attributed their difficulties or strengths to the ADHD, their enrollment in the Remedial Unit, or a combination of both.

The third area within defining samples was the categorisation related to the three diagnostic subtypes for ADHD – predominantly inattentive, predominantly hyperactive-impulsive, or combined-type. For the purposes of this study, a general diagnosis of ADHD was employed for participant recruitment. As such, no particular ADHD subtypes were excluded, and the specificity of this information was not even recorded for participants during the initial parental intake interview. As the analysis in Chapter Eight revealed, it was the boys themselves who offered these distinctions, even if they were unsure of the exact terminology. It is recognised that the overt and implied messaging around these diagnostic

subtypes, in relation to performance or conduct niches (Singh & Baker, 2013), shape participant identity work, and should, therefore, be foregrounded as a site for future investigations.

The final consideration in defining the sample refers to the decision to include only boy participants. The argument from a radical feminist perspective is that focusing on boys does little to challenge the inequities and ADHD-gender stereotypes which are at the root of boys' 'over-diagnosis' and girls 'under-diagnosis' (Campbell & Wasco, 2000). Furthermore, these choices risk essentialising gender by suggesting that it is only boys who have access to the masculine scripts theorised in this study. While there is a rationale for working with other groups, the approach in this study aligns with Lavine-Raksy's (2011) comment that inequality is also reproduced through the "continuing neglect of domination as intersectional" (p. 250).

13.2.2. The Analytical Limits

Texts produced in research are open to multiple readings and interpretations, such that there is no one approach that holds ascendancy over others. In Chapter Seven, a detailed rationale was proposed for the use of a narrative-discursive approach, in drawing together the broader social imperatives as well as the interactional context where subjectivity is actively negotiated (Taylor, 2006). Previous doctoral studies (Bean, 2011; Morison, 2011) have recognised the value of this analytic approach to dealing with complex social issues. However, there remains a danger in making claims towards an 'eclectic approach' that borrows from other traditions; in other words, proposing a theory of everything. Critiques are generated in two main areas; mainly the limited theorisation around the interiority of human experience, as well as the uncertainties as to how this approach addresses structural realities.

When comparing analytic strategies across the terrains of discursive psychology, discourse analysis, and other 'eclectic' approaches like narrative-discursive analysis, it is argued that psychoanalytic frameworks may offer a richer interpretative understanding by foregrounding the "psychological processes, or perhaps the conscious and unconscious 'reasons', behind a specific individual's investment in any rhetorical or discursive position" (Frosh & Emerson, 2005, p. 308). Psychoanalytic concepts like 'neurosis' or 'anxiety' refer to a general state of tension or discontent in relation to unmet demands or needs. As such, the positionalities that speakers adopt and support are not seen as a conscious choice but a way to deal with powerful internal conflicts. Highlighting these tensions elevates the discussion of motives, interests, and desires (Frosh & Emerson, 2005), while also acknowledging the

potential suffering and psychological distress that may be experienced through these identity processes. However, the psychoanalytic framework is not immune from critique, as it is suggested that this approach may obscure the ways in which positionalities are negotiated, and agency is recognised. As Frosh and Emerson (2005) note, “once the assumption of ‘anxiety’ is adopted as a professional subject position, the possibilities of psychoanalytic interpretation are in place to be elaborated independently of the text” (p. 321).

For Morison and colleagues (2011, 2013), the narrative-discursive approach, like its discursive cousins, tends to under-theorise the political effects of narratives. Focus is largely on the ‘trouble’ emerging at the micro-level of interactions, however, there is little engagement as to how this power is actually articulated through the positioning, and also what the implication of this ‘trouble’ is for social transformation and broader structural shifts at the macro-levels of gender and disability.

Narrative-discursive analyses have primarily been adopted in studies that involve individual interviews and biographical accounts of adult speakers pertaining to social issues like ‘singleness’ (Reynolds & Taylor, 2005), ‘online dating’ (Bean, 2011), ‘parenting’ (Morison, 2011) and ‘creativity in work’ (Taylor & Littleton, 2008). As such, life stories and the temporal ordering of events are somewhat already foregrounded, providing opportunities for the rehearsal and contestation of particular narratives. Bamberg (2011) agrees with this view in suggesting that narrative has emerged as the privileged means to explore ‘identity’:

narrating enables speakers/writers to disassociate the speaking/writing self, and thereby take a reflective position vis-à-vis the self as character in past or fictitious time-space, make those past (or imagined) events relevant for the act of telling (a bodily activity in the here-and-now), and potentially orient to an imagined human good (p. 7).

In this study, focus group methodologies with adult speakers and individual sessions with young boys who engage in relatively brief conversational exchanges problematise the conception of a fully-fledged story as heralded by Labov and Waletzky’s (1967) school of thought. However, Bamberg (2006), with Georgakopoulou (2007), have been instrumental in highlighting the value of “small stories”, which are the narratives embedded in the everyday interactions that often tend to be ignored as areas of substantial inquiry. With smaller stories, the interest shifts to how people *use* stories within their interactions with others to construct a sense of who they are. In practice, the analysis of small stories shares a closer affinity with micro-analytic discursive approaches, as the detailed analytic tools within this approach are

better suited to extracting rich linguistic interpretation from relatively nominal speech acts (Bamberg, 2006).

13.3. Looking Ahead – Future Research Opportunities

There is no doubt that the subject of ADHD has activated a wealth of personal commentary and academic research, both locally and internationally. A great deal of this attention, however, has involved suspicion of the diagnosis and critical deconstructions of ADHD, resulting in texts that are less productive in addressing the lived experiences of youth (Krueger & Kendall, 2001; Singh, 2011). One of the major strengths of this work is that it is contributing to a growing body of critical health literature; looking at the discursive constructions of ADHD (Bailey, 2010, 2013; Davies, 2014; Frigerio et al., 2013; Graham, 2008; C. Gray, 2008; Harwood, 2010; Honkasilta et al., 2016; Horton-Salway, 2011, 2013; and Prosser, 2008, to name a few). Through the complexity of discursive analyses, it is argued that “one can achieve a deeper understanding of the relationship between the patient’s face and his (or her) psychological distress and ways in which it is negotiated and discursively constructed” (Galasiński, 2008, p. 73).

A great deal of ADHD literature in South Africa has been developed in line with Western medical thinking that legitimises ADHD as a biological condition (Topkin, Roman, & Mwaba, 2015; van Dyk et al., 2015; Venter, 2006; Walker, Venter, van der Walt, & Esterhuyse, 2011). While not discrediting the value and rigor of this knowledge production, a balanced critical analysis is required to advance our understanding of the unique sociocultural dynamics within South Africa and their influence on understandings of ADHD and mental health. These critiques are not unique to health research, as Connell (2014) has also argued that masculinity theorisations from the South have largely been built on the theories of the North and that there needs to be greater engagement in this area to advance conceptual understandings.

An argument put forward in this study is that intersectional analysis is not restricted to working with individuals who are marked ‘vulnerable’. That being said, there is value in paying attention to ‘outliers’; those individuals who do not conform to social expectations, as well as in examining how conditions like mental health diagnoses intersect with other socially devalued statuses (Mukolo et al., 2010). In Galasiński’s (2008) work with men and depression, it was acknowledged that depression is routinely located in the wheelhouse of ‘female experience’, which has implications for men’s self-understandings. Within the field of ADHD, certain individuals may be overlooked because they are far removed from the

dominant stereotype of the White middle-class boy – a critique that it noted in this study. There is caution in suggesting prioritisation of specific groups, like young Black girls from lower-income settings, due to risks of homogenisation and polarisation. However, there remains a need in current academia and clinical practice to be aware of the power of these intersecting social identifiers in shaping what has come to be known as ‘truth’.

The recent tide and investment in ‘adult ADHD’ should not suppress the momentum towards understanding young people’s needs in the context of ADHD. Further analysis is recommended to consider how developmental discourses, at the intersection of other social identifiers, shape the trajectories of mental health and their implications for help-seeking and self-understanding across the life span. Incorporating intersectionality theorisation in men’s health has important programmatic implications in terms of health promotion, and anti-stigma campaigns (Robertson et al., 2015). While, recommendations are issued for a greater investment in strengths-based understandings of mental health by investigating the conditions, both at the micro and macro-level, that may support resistance to or re-engagement with stigma, in order to foster more resilient capabilities.

13.4. Closing Remarks

Focusing on a group of boys diagnosed with ADHD revealed deeply rooted assumptions about the vulnerability and unpredictability of childhood and disability, which routinely intersect to limit the course and extent of child participation. ADHD continues to be framed through a biomedical lens that inscribes deficit at the level of the body. Adding to this is the entrenched developmental and gendered scripts that privilege compliance and introduce conditions for moral evaluation. As such, there remains a palpable struggle for boys to engage with the stigma of their ADHD; a stigma that governs various aspects of their lives and impacts boyhood ideals. However, it is also important to recognise that young boys with ADHD are not a homogenous group and that ADHD is not a wholly stigmatising and oppressive disability.

Wading through these tensions does not offer any easy solution for conducting clinical practice within the field of ADHD. However, it does call for a reinvigorated understanding of adult complicity in upholding diagnostic processes and management strategies that routinely position youth as passive non-agentic patients. Despite structural limitations, youth are active health consumers who hold their own assumptions about risk and responsibility, and the benefits or drawbacks of medicating their difficulties. By shifting the

façade of the ‘magic of childhood’, space may be created to develop a much more nuanced understanding of child psychology and the ways that children author their lives.

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APPENDICES

Appendix 1: Institutional Consent Letters (UKZN, and Department of Basic Education)

Appendix 2: Principal Information Letter

Appendix 3: Caregiver Information Letter with consent form

Appendix 4: Educator Information Letter with consent form

Appendix 5: Child Information Letter with consent form

Appendix 6: Interview Schedule for Caregivers

Appendix 7: Interview Schedule for Educator Focus Group

Appendix 8: Formal Session Activities for Child Participants

Appendix 9: Certificate of Appreciation

Appendix 10: Transcription Conventions

Appendix 11: Sample Transcription



7 December 2012

Mrs Laigh Andrea Adams Tucker 203505613
School of Applied Human Sciences
Howard College Campus

Dear Mrs Tucker

Protocol reference number: HSS/1299/012D

Project title: Primary school boys, masculinity and Attention-Deficit/Hyperactivity Disorder (ADHD): Discursive Subjectivities of 'self' and 'other'

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Professor Steven Collings (Chair)

/pm

cc Supervisor: Dr Kaymarlin Govender
cc Academic Leader: Professor Johanna Hendrina Bultendach
cc School Admin.: Mr Mondl W Ngubane/ Ms Doreen Hattingh

Professor S Collings (Chair)
Humanities & Social Sc Research Ethics Committee
Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 3587/8350 Facsimile: +27 (0)31 260 4609 Email: xmbap@ukzn.ac.za / snymanm@ukzn.ac.za

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS



21 August 2013

Mrs Leigh Andrea Adams Tucker 203505613
School of Applied Human Sciences
Howard College Campus

Protocol reference number: HSS/1299/012D

Project title: Primary school boys and Attention-Deficit/Hyperactivity Disorder (ADHD): Discursive subjectivities of 'self' and 'other'

Dear Mrs Tucker

Full Approval Notification-Amendment

This letter serves to notify you that your application for an amendment dated July 31, 2013 has now been granted Full Approval.

1. Project title.
2. Change (s) to the study methodology.
3. Participants.
4. Appendix A: Research Instruments.
5. Appendix B: Informed consent forms.
 - Caregiver Information Letter and Consent Form for ADHD Group.
 - Caregiver Information Letter and Consent Form for non-ADHD Group.
 - Educator Information Letter and Consent Form.
 - Caregiver Information Letter and Consent form.
 - School Principal Information Letter.
 - Child Consent for ADHD Group.
 - Child Consent for non-ADHD Group.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Acting Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 3587/8350/4557 Facsimile: +27 (0)31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za

Website: www.ukzn.ac.za

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS



Best wishes for the successful completion of your research protocol.

Yours faithfully



.....
Dr Shenuka Singh (Acting Chair)

/px

cc Supervisor: Dr Kaymarlin Govender
cc Academic Leader Researcher: Professor D McCracken
cc School Administrator: Ms A Luthuli



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Sibusiso Alwar

Tel: 033 341 8610

Ref.:2/4/8/405

Ms Leigh Andrea Adams Tucker
1 Mitramews
465 Essenwood Road
Musgrave
DURBAN
4001

Dear Ms Adams Tucker

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct a pilot and research entitled: **Primary School Boys, Masculinity and Attention-Deficit/Hyperactivity Disorder (ADHD): Discursive Subjectivities of 'self' and 'other'**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 June 2013 to 30 June 2015.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Mr. Alwar at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to the schools and institutions in the following Districts of the KwaZulu Natal Department of Education:
Umlazi District Pinetown District

Nkdsinathi S.P. Sishi, PhD
Head of Department: Education

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa
PHYSICAL: Office G25, 188 Pietermaritz Street, Pietermaritzburg, 3201. Tel. 033 3418610 Fax : 033 341 8612
EMAIL ADDRESS: sibusiso.alwar@kzndoe.gov.za; CALL CENTRE: 0860 596 363;
WEBSITE: www.kzneducation.gov.za

...dedicated to service and performance
beyond the call of duty

Discipline of Psychology
School of Applied Human Sciences
College of Humanities
University of KwaZulu-Natal

Dear [Head of School],

Re: Research study on Attention-Deficit/Hyperactivity Disorder (ADHD)

My name is Leigh Adams Tucker and I am a Ph.D. candidate at the University of KwaZulu-Natal, conducting a study about experiences of boys diagnosed with ADHD, from the perspective of children, caregivers, and educators.

Both the University Ethics Committee and the Department of Basic Education have granted permission for the study to be conducted and have reviewed the study proposal and research methods. Participation in this study will assist in creating dialogue about ADHD and informing the design of programmes to support the educational and relational needs of children.

I am requesting permission to host the study at your school, where we will conduct interviews between August 2013 and October 2013.

As part of the study protocol, we are requesting to interview educators from the Remedial and Mainstream Units in 60 minute focus groups where educators will be asked to comment about the diagnosis of ADHD. These interviews will be audio-recorded and may be video recorded, as per individual consent.

Six boys diagnosed with ADHD from the Remedial Unit and six boys diagnosed with ADHD from the Mainstream Unit will be invited to attend five to six interview sessions. Interviews will be of 30-35 minutes duration and will be held on school premises during non-teaching times allocated by the Head of Department. Three to four sessions will be group interviews with the researcher and peers. Two or three sessions will be individual interviews with the researcher.

Child sessions will be recorded with an audio recorder and photographs may be taken of the child's art work. Child participants may use photography and creative art to explore thoughts and feelings about self, peers, school and home. No photographs will be taken of children without parental consent. Participation is voluntary and participants may withdraw at any stage without disadvantage or penalty.

Participant identities will be confidential and research publications from this study will limit identifying information and disguise the names of the school and the individuals. Audio and video recordings of the interviews will be stored in a secure location where only the researcher, supervisor and transcriber may be allowed access.

At the end of the study, a written report with a brief summary will be made available at the school for interested parties to read. Verbal feedback sessions are also proposed for participants. A non-commercial multimedia piece is also proposed as an educational resource to supplement the written thesis. Feedback from all stakeholders will be required before use or distribution.

Please find enclosed a research proposal detailing the study motivation, methodology and ethical issues. Please note that the original methodology in the proposal was revised following findings in the pilot study. The new methodology is detailed in this report. I am sure that this proposal will answer any questions that you may have. However, please do not hesitate to contact me or my supervisor, Dr Kaymarlin Govender, should you have any further queries.

Yours sincerely,



Mrs Leigh Adams Tucker

Tel: XXX-XXXXXXX

Email: leigh.adams23@gmail.com



Supervisor: Dr Kaymarlin Govender

Tel: XXX-XXXXXXX

Email: govenderk2@ukzn.ac.za

Ms Phumelele Ximba

UKZN Ethics Committee;

Tel: XXX-XXXXXXX; Email: ximbap@ukzn.ac.za

Dear Sir/Madam

Re: Research study on Attention-Deficit/Hyperactivity Disorder (ADHD)

My name is Leigh Adams Tucker and I am a Ph.D. candidate at the University of KwaZulu-Natal, conducting a study about experiences of boys diagnosed with ADHD, from the perspective of children, caregivers, and educators. Both the University Ethics Committee and the Department of Basic Education have granted permission for the study to be conducted and have reviewed the study proposal and research methods. Participation in this study will assist in creating dialogue about ADHD and informing the design of programmes to support the educational and relational needs of children.

If you agree for your son to participate, I ask that we arrange an initial information session at your convenience to discuss issues of consent, confidentiality and child safety and to gather some information about your son's ADHD diagnosis. Participation is voluntary and you and your son are free to withdraw at any stage without disadvantage. If your son agrees to participate, he will be asked to attend five to six interview sessions between August 2013 and October 2013. Interviews will be of 30-35 minutes duration and will be held on school premises during non-teaching times allocated by the Head of Department. Three sessions will be group interviews with the researcher and five other boys from within the school. Two or three sessions will be individual interviews with the researcher. The boys will be using photography and creative art to explore thoughts and feelings about self, peers, school and home.

The researcher will ask permission for the interviews to be recorded with an audio recorder and to take digital photographs of your son's art work. No photographs will be taken of your son without your permission. Participant identities will be kept confidential and research publications from this study will limit identifying information and disguise participant names. Audio recordings of the interviews will be stored in a secure location and only the researcher, supervisor and transcriber may listen to them. Upon completion of the study, a report with a brief summary will be made available via the school for interested parties to read, as well as a verbal feedback session with child participants and caregivers. A non-commercial multimedia piece is also proposed as an educational resource to supplement the thesis. Feedback from all stakeholders will be required before any use or distribution.

Should you have any further concerns about the study, please feel free to contact me, my supervisor, Dr Kaymarlin Govender, or the Ethics Committee.

Yours sincerely,



Mrs Leigh Adams Tucker

Tel: XXX-XXXXXXX

Email: leigh.adams23@gmail.com



Supervisor: Dr Kaymarlin Govender

Tel: XXX-XXXXXXX

Email: govenderk2@ukzn.ac.za

Ms Phumelele Ximba

UKZN Ethics Committee;

Tel: XXX-XXXXXXX; Email: ximbap@ukzn.ac.za

Informed Consent Contract for Caregivers

I, _____ give consent for my son to participate in the study described above.

I understand that I will be required to attend an initial interview with the researcher to provide background information about my child's diagnosis and mental healthcare.

I understand that feedback about the research process will be supplied by the researcher at the completion of the interviews or on an ad hoc basis in the event of the child expressing anything that may be causing him undue stress.

I understand that participation is entirely voluntary and that both my son and my family can withdraw from the study at any time.

I understand that limited identifying information about my child will be used in publications or reports.

I understand that the interviews will be audiorecorded with a dictaphone and that photographs may be acquired of my son's artwork.

I grant permission for digital photographs, audio recordings and artwork produced by the child to be used by the researcher only for the purpose of this research study. This includes the printed dissertation, journal publications, conference proceedings and the multimedia piece. They will not be used for any commercial purposes.

Images generated during the research study may be used by the researcher without payment of fees, royalties or other remuneration.

I release all claims against the researcher with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Feedback about the overall research findings will be supplied by the researcher to the school at the completion of the study, where it may be accessed by caregivers.

If I have any questions after today I can call Mrs Leigh Adams Tucker (XXX-XXXXXXX) or Dr Kaymarlin Govender (XXX-XXXXXXX).

_____ Parent/Guardian Name	_____ Parent/Guardian signature	_____ Date
_____ Parent/Guardian Name	_____ Parent/Guardian signature	_____ Date

Telephone Number(s) _____

***Form to be returned to the researcher, a copy to be made for the caregiver upon request*

Discipline of Psychology
School of Applied Human Sciences
College of Humanities
University of KwaZulu-Natal

Dear Sir/Madam,

Re: Research study on Attention-Deficit/Hyperactivity Disorder (ADHD)

My name is Leigh Adams Tucker and I am a Ph.D. candidate at the University of KwaZulu-Natal, conducting a study about experiences of boys diagnosed with ADHD, from the perspective of children, caregivers, and educators. Both the University Ethics Committee and the Department of Basic Education have granted permission for the study to be conducted and have reviewed the study proposal and research methods. Participation in this study will assist in creating dialogue about ADHD and informing the design of programmes to support the educational and relational needs of children.

As part of the study protocol, we are requesting to interview educators through a 60 minute group interview between the period August 2013 and October 2013. Interviews will be conducted on school premises outside of teaching hours. Educators will be asked to comment on their teaching experiences with learners diagnosed with AD/HD. The researcher will ask your permission for the interview to be recorded with an audio recorder and possibly a video recorder. Participation in the interview session is voluntary and you are free to withdraw at any stage without disadvantage or penalty.

Participant identities will be kept confidential and research reports/publications from this study will limit identifying information and disguise participant names. Audio and video recordings of the interviews will be stored in a secure location and only the researcher, supervisor and transcriber may listen to them. Upon completion of the study, a report with a brief summary will be made available at the school for participants to read, along with an opportunity for a verbal feedback session. A non-commercial multimedia piece is also proposed as an educational resource to supplement the written thesis. Feedback from all stakeholders will be required before any use or distribution.

Should you have any further concerns about the study, please feel free to contact me, my supervisor, Dr Kaymarlin Govender, or the Ethics Committee.

Yours sincerely,



Mrs Leigh Adams Tucker

Tel: XXX-XXXXXXX

Email: leigh.adams23@gmail.com



Supervisor: Dr Kaymarlin Govender

Tel: XXX-XXXXXXX

Email: govenderk2@ukzn.ac.za

Ms Phumelele Ximba

UKZN Ethics Committee

Tel: XXX-XXXXXXX; Email: ximbap@ukzn.ac.za

Informed Consent Contract for educators

I, _____ give consent to participate in the study described above.

I understand that I will be required to attend one focus group interview with the researcher.

I understand that feedback about the research process will be supplied by the researcher at the completion of the research process.

I understand that participation is entirely voluntary and that I can withdraw from the study at any time.

I understand that limited identifying information will be used in publications or reports.

I understand that the interviews will be audiorecorded with a dictaphone and video footage may be acquired of the interview sessions.

I grant permission for video and audio recordings to be used by the researcher only for the purpose of this research study. This includes the printed dissertation, journal publications, conference proceedings and the multimedia piece. They will not be used for any commercial purposes.

Video generated during the research study may be used by the researcher without payment of fees, royalties or other remuneration.

I release all claims against the researcher with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Feedback about the overall research findings will be supplied by the researcher to the school at the completion of the study, where it may be accessed by caregivers.

If I have any questions after today I can call Mrs Leigh Tucker (XXX-XXXXXXX) or Dr Kaymarlin Govender (XXX-XXXXXXX).

Participant signature

Date

***Form to be returned to the researcher, a copy to be made for the participant upon request*

My name is **Leigh**. I am studying to be a psychologist and I am doing a project for my course.

A psychologist is a person who talks to other people about things that are happening in their life.

I would really like to talk to you to learn about your life at home and at school.



You and I will meet **5 or 6 times** to talk, play games and do some art.

3 times we will talk in a group with other boys from your school.

2 times only the two of us will talk.

I will record what we say with a tape recorder and I may ask to take photographs of your art work.

I will be speaking to your parents before I meet you and I will also be speaking to some of your teachers. Our talk will be private and I will not tell your teachers, family or friends what you say. BUT, if we find out that something or someone is hurting you, then I will need to tell other adults to help keep you safe and healthy.

Each interview will take about 35 minutes. You can ask for the interview to stop at any time. You will not be punished for stopping the interview.



At the end of the project, I write a report about what we all talked about.

I will not use your name when writing what you said.

I will meet with you and your parents to talk about what is in the report.

I will also make a small movie about the project which I will show to you and your parents.



If I talk to Leigh about her project, I understand that:

- What we say will be taped with a tape recorder and Leigh may use a camera to take photographs of my art work.
- The interview will be private but there are times when Leigh might need to tell my parents what I say to keep me safe.
- I can stop the interview at any time.

I would like to talk to Leigh about her project. Please put a circle round Yes or No

NO

YES

Please print your name: _____

THANK YOU

1. In your own words, what is Attention-Deficit/Hyperactivity Disorder (ADHD)?

Probes:

- What are the symptoms?
- What causes ADHD?
- How is ADHD best treated or managed?

2. Does ADHD go by any other name(s) in your household?

3. What is your opinion on the statement, “ADHD is a disability”?

4. Please tell me how your child came to be diagnosed with ADHD?

Probes:

- Who initiated the referral?
- Who are the key people involved in managing the condition, i.e. doctors, psychologists, occupational therapists, dieticians?
- What role has the school played in managing the diagnosis?

5. What is your opinion on the statement, “ADHD is a boys’ problem”?

6. What do you think your child understands about his/her diagnosis?

7. In what ways do you think other people understand ADHD?

Probes:

- Within school: children’s parents, school colleagues
- Outside of school: general public perceptions, representation in the media

1. In your own words, what is Attention-Deficit/Hyperactivity Disorder (ADHD)?

Probes:

- What are the symptoms?
- What causes ADHD?
- How is ADHD best treated or managed?

2. What is your opinion on the statement, “ADHD is a disability”?

3. What is your experience with ADHD inside and outside the classroom?

Probes:

- Which children are typically referred for management?
- Who initiates referral and management?
- What is the role of the school and educator in identification and management of the diagnosis?
- What is the response of parents?

4. What is your opinion on the statement, “ADHD is a boys’ problem”?

5. In what ways do you think children understand ADHD?

Probes:

- Reflect on both the children diagnosed and the perceptions of peers.

7. In what ways do you think other people understand ADHD?

Probes:

- Within school: children’s parents, school colleagues
- Outside of school: general public perceptions, representation in the media

Group Activity #1: Finger print ink blots

Aim: To negotiate consent with the child participants, to gauge the interaction in the group setting, and to introduce the theme of the programme.

Group Process and Instructions:

- The researcher will introduce the theme of “Explorers” and ask boys to brainstorm different ideas about explorers, like brave, curious, adventure etc.
- Group rules and confidentiality will be discussed in relation to how explorers may discover new things about themselves and about others
- The researcher will then introduce the importance of communication. As an Explorer, one needs to know how to communicate, especially when we don’t speak the same language.
- This will turn to a discussion of using hands to communicate, i.e. sign language, shaking hands when we meet someone, ‘thumbs up’/‘thumbs down’.
- Hands are important. Everyone has finger prints – it is something that unites us as people. But finger prints also make us unique. There are three basic designs of fingerprints = whirl, arch and loop (just like there are three subtypes of ADHD).
- Boys will then use the ink pads provided to plot their fingerprints on the paper provided – this is a tactile and fun activity to stimulate discussion.

Group Activity #2a: Mapping through Photovoice

Aim: To identify important social and physical spaces where children spend their time

Group Activity #2b: Mapping through Photovoice (discussion)

Aim: To use the photographs to stimulate discussion about peer interactions, similarities/differences

Suggested Research Prompts → would be guided by material generated in the first session and during the walk around the school.

- Tell me, what you would normally see in this place?
- What would you be doing in this place?
- What would other boys/children be doing in this place?
- Who would you not see in this place? What are the reasons why?

Individual Activity #1: Externalising the ‘Problem’

Instruction:

If we had to imagine that the ‘Difficulty’/‘Problem’/‘Reason why you take the tablets’ was a person or a thing you could see; could you draw or paint me a picture or make me a sculpture to show me what it would look like?

Prompts regarding the Problem [Name’s] influence in different areas of the individual’s life.

- How does [Name] make you feel?
- What does the [Name] make you think about yourself?
- What effect does the [Name] have on your relationships with others?
- What qualities does [Name] have that impacts your life in a bad way?
- Who stands with [Name] to act on your life, i.e. Anger, Frustration, Sadness
- What does [Name] want to achieve in your life? i.e. failure
- In what areas is [Name] not being successful? Where is [Name] not having such a bad effect?
- Is there anywhere that [Name] helps you in your life?
- What do you do to make [Name] not so bad in your life?
- Who stands with you (family, friends, teachers, doctors) to help [Name]?

APPRECIATION AWARD



Presented to

[NAME]

For

his participation in the research study

2 December 2013

PLACE



Leigh Adams Tucker

Certificatestreet.com

LAT	Interviewer (initials)
(.)	untimed pause
text -	abrupt break in speech
end of line =	speaker is interrupted
end of line ...	speaker trailed off
end of line]	overlapping speech (for each statement that overlaps)
(?)	speech is inaudible
[text]	editing or clarification of speech
[<i>text</i>]	observational material added by the interviewer, eg. [laugh]
((sic))	original expression of speaker ³⁷

Adaptation of the conventions put forward by Gray (2008), as adapted from the approach proposed by Jefferson (1984).

³⁷ The word ‘sic’ acknowledges potential grammatical errors while ensuring the integrity and flavour of the conversational exchange is retained.

Transcript for Group 1 – 16/09/2013

- M: I saw a (?) and he was eating a pig's head, okay, and I just saw him and he ripped off the ears, and I was like [*pretending to vomit*] and then he went for eyes [00:10]
- N: Ah, no, no! [00:11]
- J: Is this on? [*pointing to dictaphone*] [00:13]
- LAT: It's on at the moment. [00:16]
- N: How can you think about that stuff? [00:18]
- M: Because I saw him doing it, that's what they do! [00:22]
- N: When you slaughter a pig, they just slit the head of ... [00:27]
- M: I'm serious. Don't you know to watch these things? [00:30]
- J: Why didn't they rather make bacon out of it? [00:32]
- M: People put pig's eyes and sheep's eyes in their wine. [00:34]
- J: But why don't they just make bacon out of it? [00:36]
- N: I am never going to drink wine.] [00:37]
- J: Why don't they make bacon out of it? [00:37]
- N: A pig? [00:40]
- M: Have you never seen a roasted eye? [00:41]
- S: Bacon is pork. [00:42]
- M: And I didn't know what this was because I was quite small, I had to eat cow tongue [00:49]
- S: Pork is lamb] [00:50]
- M: And only after that I said, why did I have to eat it man, it could have tasted me back [00:57]
- LAT: Okay boys, so did you all have a good weekend? [00:59]
[*All boys say "yes", except Mark who shouts "No!"*] [01:00]
- LAT: No? [01:02]
- M: Because my cat is constipated – [01:04] [*Laughter*]
- LAT: That is a very interesting problem to have – a constipated cat! What does it look like? [01:10]
- M: No, he's a Siamese but he's been on lots of fighting and he is too scared to go outside. [1:14]
- LAT: My cat had the same thing. [01:17]
- M: Yes but we think that – because he's always causing trouble but we think the people down the road, they're just sick of him and now they've pepper-sprayed him. Because now his eyes are sore and he won't open them [01:35]
- LAT: So now he doesn't want to go outside = [01:37]
- M: No, he doesn't want to go outside because he's really scared of this ginger cat because ginger cats are really territorial. [01:42]
- N: Ja, ginger cats. [01:44]
- M: They are. Ja, but it is two times bigger than him and this cat, he's nearly always in a fight and then where the fights are is nearly always by our bird cage - [01:55]
- N: Because they are fighting for the bird. [01:57]
- J: You're lucky to still have a cat. Mine ran away. [02:01]
- M: I have another cat but she's skittish and she runs away] [02:10]
- J: It wasn't used to our house anymore, so my dad just let it go = [02:10]

LAT: Was it a new house? You moved to a new house? [02:15]

J: No, we had been there for like half the year. So he was already used to it. More than half a year. [02:20]

LAT: Sometimes cats just want to ...[02:25]

M: Has anyone here got a cat here who's so domestic? [02:29]
[*Some of the boys say "No"*]

M: I've got a domestic cat. She is the runt of the family. She always gets left behind, she did get left behind by her family, then her brother got run over = [2:40]

N: Ouch! [02:41]

M: While he was still a kitten. [02:42]
[*Jason and Nigel say "Ouch"*] [02:43]

M: Okay but he still crawled his way back to the house. [02:46]
[*Most of the boys say "Ow"*] [02:48]

M: Okay, then we took her – it's not funny, hey [*speaking to Jason*] [02:52]

J: No, it's funny because they keep on going "Ow" at the same time!" [02:57]

M: But that's not funny because what if your legs got run over, hey! [03:09]

J: Yes, but they keep on saying "Ow" at the same time! [03:15]

M: And also when we bought her home, our cat Mishka, he was like this to her – on her fur [*gestures like a cat licking*] [03:25]

LAT: Looking after her, comforting her. [03:27]

M: Yes, because he knows she was a kitten. And then after that, then she was, he was licking her fur for her and he, he always got food for her. [03:37]

LAT: So he was looking after her. [03:40]

M: Yes. [03:41]

J: My one dog kept on jumping on us. We only bought him, me and my mom.... It was only one dog we had but we had four but we were moving so then we had to let them go but then my mom got a new dog and it kept on jumping on us so my mom just left it at the vet and they said it died of Cancer, and then I had another dog and named Rat because my dad said when it was a puppy, it looked like a rat. [04:11]

M: Was it a chihuahua? [04:12]

J: No, it was, I don't know what it was but this dog also died by, of Cancer. [04:20]

LAT: What I wanted to maybe bring up then when you, Mark started talking about this cat is now afraid to go out because there is another one in the neighbourhood fighting, does that happen at school, are there ever fights at school, where other boys = [04:36]
[*Some boys shout "Yes!"*] 04:36]

M: Yes, there always used to be one, there always used to be this one ["J", name of child], and he always used to go like this, to the, "F-You!" [04:45]

N: Yoh! Manners guys! That's my one friend, he does nothing, every time, one time he's upstairs, he didn't learn for this one test okay so he goes there, he comes down to break, and he starts, well he goes back up because he forgot his lunch, and then he comes back and he starts swearing at my one friend for no reason = [05:06]

M: And then he chucks the lunch box on the ground = [05:08]

N: And then he chucks it at my friend for no reason. And then he tries to hit him, and we all grab him back, and then the teachers come = [05:13]

S: Me and [name "A"], when I was playing with him – [05:18]

J: You used to be pals? [05:20]

S: Yes, and [name "J"] was walking and when he came out the bathroom = [05:26]

J: Me? [05:27]

S: No, not you = [05:28]

M: I went and told the teacher about it. [05:30]

S: Ja, then there was this Mainstream boy and he was walking in front of him and ["J"] was walking fast to catch up to him and we just saw ["J"] hit him on the head so me and ["A"] ran but then the teacher came for him, so then we started walking forward again. [05:47]

M: Yes, yes. The teacher came because I went and told the teacher, "I said I think he is getting angry again, and I think he's" ... [05:53]

J: This one boy whose = [05:55]

M: 'Cause he is, he's, he's so territorial man! I think he is related to a cat. [06:01]

LAT: What does this mean? [06:03]

N: Crazy. [06:05]

J: Crazy. He is crazy when he's swearing (?) [06:06]
[*disturbed by intercom announcement*] [06:20]

J: There is this one boy who's in Mainstream, he's got like something wrong with, and this one person who just said hello to him, he swore at them for no reason. [06:32]

M: And they always pick fights! [06:34]

J: But he's done so much stuff and he hasn't got kicked out of the school yet [06:40]

M: Yes, I, this dude, I took the bottle away from him because it is against the school rules to play with bottles, and kicking with bottles? [06:50]

LAT: A glass bottle? [06:52]

M: No plastic. And he was kicking it around so then I took it away from him and chucked it in the bin so then I walked away and he started coming after me, started swearing at me. So then I ran away and then the monitors come and ask me if I'm "Mark" and I said yes and then I walk up to this teacher and then he nearly gets out of the teacher's hands and he wants to come and kill me. [07:13]

S: He tried to kick him, and it nearly hit him in the, up, over, on the chin, over there – [07:22]

M: And I started crying. [07:23]

S: Ja, and it just missed his face [07:26]

LAT: There were two boys you mentioned now, there was one you said who's on this side of the school, I'm guessing = [07:34]

N: Yes. [07:35]

LAT: If I can mention his name, ["J"], he's in one of your classes? [07:39]
[*Some boys shout "No"*] [07:40]

M: He's so (?) I bet you he has ADHD! [7:44]

N: No, he's had anger management. [07:47]

LAT: Has he left now? [07:48]

N: Yes, he left in term 3, before term 3. [07:53]

M: Yes, he left because a lion was running after him. [07:54]

N: What!? [07:55]

M: He left because a lion was running after him. [07:58]

N: Then why did he go back to his old school? [08:00]

M: Because the lion was there and the lion was, I think the lion taught him how to swear [08:05]

N: How can a lion speak English [08:06]

M: Because after watching Scary Movie 2, this cat walks up to the lion and just like goes. [08:10]

T: You just want to talk about cartoons! [08:12]
[*Mark starts talking about Scary Movie film*]

T: You watch so much of movies [08:29]

LAT: Okay that was the one boy we spoke about him, and you all said this about him, and then what about, I'm just trying to understand, there are some boys that are on the mainstream side then Jason you were talking about this other boy. Tell me a bit about them? [08:47]

T: Because in the morning they = [08:49]

M: They always pick a fight] [08:49]

T: They'll take our soccer ball, our aftercare soccer ball and then – [08:55]

M: Like this morning, they said to [name], they called her fat.] [08:58]

T: Even if they take the ball away they'll say "give it back" and then after that, that's how they start a fight with us. [09:07]

S: [Name "B"] in the first term, I think or second term, [Name "B"] goes to sit outside by Mrs O's, and he had to work outside, and these Mainstream boys came and started swearing at him and teasing and then at break he went to them and he started, they, the same boys came to [name "B"] and started hitting him [09:31]

LAT: Sjoie, so does that happen a lot, that boys on the other side come here? [09:35]
[*Some boys say "yes"*]

M: They always pick a fight.] [09:39]

T: Not only those boys. Other people also come to hit us from Remedial.] [09: 42]

M: And I think they've been abused! [09:44]

LAT: Okay, I think you've all got important things to say [09:47]

J: I'm going to [name of school] next year. I'm happy. [09:49]

N: We discovered that they do it because they're different. We're different. [09:54]

M: No, I know] [09:56]

LAT: Different, what does that mean? [09:57]

N: Well because we're ADHD and we're = [09:58]

M: No, because we're nice and they're ugly. [10:01]

N: Okay, that's just a little bit cruel, and shallow, and shallow. [10:07]

M: No, it is cruel but it looks like they've been abused and that's why they're hitting us. And then this one dude comes up to my friend, my friend, okay, and then she's like this, and she says, "I was playing with that boy", and he's like, "I don't care fatty" [10:22]

LAT: Hmmm [10:25]

M: And this person is in Grade 7 [10:26]

LAT: Hmmm. Well, let's talk a bit about that "being different", 'cause you mentioned that Nigel = [10:32]

N: Because when we were in term 2 and 3, we were getting bullied and we told our parents and then they just said, "Just stand up to them." And then this one girl, this one boy was pushing me and my friend and this one girl ran up to the top pushed the boy down the stairs because he was being irritating and then just ran. That was one thing. And then when "J" was still

here, he caused a fight with the Mainstream, then we had problems because we weren't allowed to play at break, and all of that! And, that's why because we found out just because we are different, they treat us differently. [11:09]

T: And also last week we had to sit at break = [11:13]

M: We had to sit at break all because of these girls] [11:14]

T: No, it wasn't only because of the girls. Let's say [name "C"] and them, whenever they play like touches, they'll go and sprint and they'll start kicking them. And then afterwards, the teacher wasn't there, she was gone somewhere, but it wasn't [name "S"] fault for that, that it happened because they were hitting him [11:35]

M: "S" deserved it. [11:36]

S: No he didn't. [11:40]

T: He didn't. "S" wasn't doing nothing, he was just running and then afterwards [name "C"] and then came and kicked him and all of that [11:47]

M: Speaking about ["C"], he did not start kicking him. [11:50]

T: It's true!] [11:50]

M: You be quiet now! You do not want to pick a fight with me, I already hit ["K"] [11:58].

LAT: Is ["C"] one of your friends? [12:00]

M: Yes, ["C"] is one of my friends and when we were out at break, and before he started speaking 'girl' language, okay [12:07]

T: Girl language?] [12:09]

M: Me and ["C"] when we're playing jets and then ["A"] started calling him, but ["C"] didn't do anything [12:15]

T: But [C] didn't do nothing that day ((sic)) [12:19]

LAT: ["C"] is on this side of the school. Is he in your class? [12:22]

M: Yes [12:23]

T: But ["C"] never do nothing ((sic)) on that day because ["C"] was with me. I even have the proof, even "M" was there. But the only people who started were ["A"] and (?) [12:37]

J: Can't we do something?] [12:37]

[Boys start talking over one another, inaudible]

S: He seems annoying but he's actually nice. [12:48]

[Boys start talking over one another, discussing one mother who came to the school to confront one of their friends ("M") about allegedly picking on her son]

M: Who cares if he's being bullied! If his mother comes up to me and starts swearing at me, I'll take a baseball and punch her in the face. [13:09]

T: She'll come to school and scream, like she came up to "M". (?) She keeps on swearing us. [13:34]

M: Yes, but then the mother, she has no reason to do that and I said this to "M". She comes and does that again, you go find a teacher or you go to Mr D. Mr D can go and call you a lawyer. You have a lawyer. And plus, she's too old to be abusing people, she's abusing a child, children man. She said, "I'll fuck you up if you hit him again. I'll fuck you up!" [14:05]

N: She pulled the middle finger.] [14:05]

[Boys continue to talk (inaudible). Eventually "fingerprint activity" is introduced and discussion ensues.]

LAT: But then what makes us similar and what makes us different? Because Nigel, you said the boys here are different to the boys on the Mainstream side, why's that? [22:20]

N: ADHD. We're ADHD and they aren't so they treat us differently. Like okay, so say, I'm ADHD, I've got problems, okay, and they don't, so they treat us differently. But they like try and, but we try and keep our boundaries so we don't get into trouble. [22:37]

M: Ja, but they, they always get, they always get on (.) easy but then the teachers from Mainstream, they always be ugly to us. [22:47]

LAT: The teachers on Mainstream are ugly, why you say that? [22:51]

N: Not all of them. Not all of them. Mr D is the best. [22:53]

M: Yeah. Mr D is the best. [22:55]
[One of the boys says another teacher's name, inaudible]

N: No ways, not even the Mainstream like her. [23:00]

T: Can I use this? [23:02]

J: She's so ugly. [23:03]

N: You know you just tape-recorded that, what happens if she has to listen to this! [23:07]

LAT: Oh, she won't listen to this. [23:10]

N: I'd laugh so hard if she is outside this room. [23:17]
[Boys having side-conversation about activity]

LAT: So why would the boys, like you said, "We're ADD so they treat us differently".

N: Okay, like we're different. They think we're different. So say like you like macaroni, I like pasta. No, we like different things, so it's like, something like that. I can't really explain it. [23:46]

LAT: Do you think you're different? [23:47]

N: No, I think I'm normal but they think we're different so we get along with each other, not all of us but some of us. [23:54]

M: If we sit again today, I said this to the girls, I said this to the girls, if we sit again today because of you guys, I will seriously go to Mr D and I will go and speak with him and I'll bring my dad in. [24:11]

N: Just call a lawyer and then say these guys are bullying me. I want them arrested (.) at 3 o'clock. [24:15]

M: No, I want all the girls arrested, like the girls in your class. They always 'tell on'. [24:22]

N: Sjoe, my girls are WWE (.) class version, *[whistles]* too much. [24:26]

LAT: Why's that? [24:27]

J: I want the smiley face. I like the smiley face. *[in reference to the paint stamps]* [24:31]

N: Aah, she just causes big trouble. The one time she fights with another boy, she fights with a boy, she wins. [24:38]

J: A smiley face. A smiley face. A smiley face.] [24:43]

LAT: Tell me, do, are there girls who have ADHD, if you say it like that? [24:46]
[Few boys say "No"]

N: No, they don't really, not really. [24:49]

M: No, but there are girls that are = [24:51]

S: Mad. [25:52]

M: ADD. [24:53]

LAT: So what does that mean? [24:55]

N: I know a girl.] [24:55]

M: ADD] it means that- anger management = [24:59]

N: No, that means you have a disability. I mean you, um ... [25:03]

M: You're dyslexic. [25:04]

N: What does that mean? Use smaller words people, I'm not in high school yet. [25:11]

M: Okay, like [Name "S"] [25:14]

N: Okay, ja? [25:15]

M: She's dyslexic. [25:16]

LAT: So what does that mean? [25:18]

M: I don't know. I just like calling her that. [25:19]

LAT: Did someone use it, is that where you heard it from = [25:24]

M: No, I just like saying it to myself, dyslexic [25:26]

LAT: Can you remember the first time you heard that word,? Because that's quite a fancy word. Did you hear it at school? [25:32]

M: No, my dad said that he's dyslexic. [25:34]

LAT: Your dad said that about himself. [25:37]
[Boys start arguing about activity; then time to clean up from activity, boys complaining about paint on their shirts]

LAT: So tell me, if the boys on that side are called Mainstream, what are the boys = [31:46]

All: Remedials. [31:47]

N: We're the Remedials and they're the Mainstreams? [31:49]

LAT: Well, what does Remedial mean? [31:51]

M: We're special. They're not. [31:55]

N: That's completely different to the way they explain it. [32:00]

LAT: How do they explain it? [32:02]

N: They tell us, we're special, they're not. [32:04]

LAT: They're special? [32:06]

N: No, we're special, they aren't. [32:08]

LAT: Special in a good way? [32:11]

N: Yes, special in a good way. Not a bad way. [32:14]
[Boys start pulling sticky tape off their skin]

LAT: I've just got a few more questions before yo guys have to go to class then. Well, I didn't really find out exactly, why they call the boys here 'different', the example Nigel said was that if they like pasta, then someone else would say I like macaroni, I just wanted to find out, does anyone else have a thought about that? [33:13]
[Boys all say "No", getting tired and interest is waning]

N: It's just that we get along, we try our hardest to get along, and if we get along, it's fine [33:18]

M: It's just that they're being ugly to us now. [33:22]

LAT: What sort of things do they say? [33:25]

M: No, they swear at us, they swear at us because we are on their field because, some, the people = [33:29]

T: They do that because our field is too small for us = [33:35]

LAT: When do you go on their field? During break? [33:37]

T: Every break we go on their field and sit but now like, (?) we don't go to play, we just play with our jets, like we make jets and we play on our own field, our own field (?). [34:04]

M: Yes, but if we are on their field, they start, they say, “Get off our f-ing field now. It’s our field” and then I say this to them, “Say that one more time and I am going to Mr D and he can explain it to you with an R&R” [34:20]
[Trevor speaking, inaudible]

N: We made friends, kinda, with some Mainstream, but it’s hard sometimes. [34:46]

LAT: Do you boys ever go together, do you play sports together? [34:52]

S: Yes. [34:55]

LAT: With the boys on that side? [34:58]

J: Mainstream is down there. [35:03]

S: I play sport with them. They’re in Grade 5 and I’m in Grade 4. [35:11]

N: Aren’t you meant to be in Grade 5, or something? [35:14]

S: No, I’m supposed to be in Grade 5. I stayed back because I changed schools. [35:20]

LAT: So you don’t play sport with the boys over there? [35:22]

M: The only person who will play with them is “S”. [35:27]

N: And we made friends with them but they left us, I don’t why. ‘Cause like we told them, please don’t kick our ball that way, please rather (?) [34:58]

T: *[looking at the dictaphone]* 35 minutes. 35 minutes! [35:42]

LAT: Is that a long time? [35:43]

T: Yes. [35:44]

LAT: How long are your lessons, normally? [35:45]

N: 30 minutes. [35:46]

M: Half an hour. [35:47]

N: 30 minutes each, half an hour [35:50]

T: It’s half an hour each [35:51]

N: 30 minutes [35:52]

[Endings and goodbyes]